

ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

1 2

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

1. DATE OF ORDER 05/25/2017	2. CONTRACT NO. (If any) CPSC-I-17-0012	6. SHIP TO:	
3. ORDER NO.		a. NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION	
4. REQUISITION/REFERENCE NO. REQ-8400-17-0022			

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 DIVISION OF FIELD INVESTIGATIONS 4330 EAST WEST HIGHWAY ROOM 710	
		c. CITY BETHESDA	d. STATE MD
		e. ZIP CODE 20814	

7 TO: JEANNE MCLAUGHLIN BUDGET ANALYST	f. SHIP VIA
a. NAME OF CONTRACTOR RITA	

b. COMPANY NAME	8. TYPE OF ORDER	
c. STREET ADDRESS 6500 S MACARTHUR BLVD MPB-341	<input type="checkbox"/> a. PURCHASE REFERENCE YOUR:	<input type="checkbox"/> b. DELIVERY
d. CITY OKLAHOMA CITY	e. STATE OK	f. ZIP CODE 73169

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.

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))	12. FOB POINT Destination
<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) 07/21/2017	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: 187595082 COR: Jean Nunes Phone: 510-538-3556 Email: jnunes@cpsc.gov 1. This is to establish an Interagency Continued ...					

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.	\$11,160.00	17(h) TOTAL (Cont. pages)
	21. MAIL INVOICE TO:				
	a. NAME	CPSC Accounts Payable Branch		\$11,160.00	17(i) GRAND TOTAL
	b. STREET ADDRESS (or P.O. Box)	AMZ 160 P.O. Box 25710			
c. CITY	d. STATE	e. ZIP CODE			
	Oklahoma City	OK	73125		

22. UNITED STATES OF AMERICA BY (Signature)



23. NAME (Typed)
Cassandra C. Sterba
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.

05/25/2017

CPSC-I-17-0012

ITEM NO.	SUPPLIES/SERVICES	QUANTITY ORDERED	UNIT	UNIT PRICE	AMOUNT	QUANTITY ACCEPTED
(a)	(b)	(c)	(d)	(e)	(f)	(g)
0001	<p>Agreement between the U.S. Consumer Product Safety Commission and the U.S. Department of Transportation (DOT), Transportation Safety Institute (TSI) for the performance period of May 15, 2017 to September 30, 2017. TSI will provide specialized transportation of hazardous materials training.</p> <p>INTERAGENCY AGREEMENT BETWEEN CPSC AND THE DEPARTMENT OF TRANSPORTATION SAFETY INSTITUTE TO CONDUCT A 3.5 DAY SPECIALIZED TRANSPORTATION OF HAZARDOUS MATERIALS BASIC COURSE. TEN CFI INVESTIGATORS AND 4 EXIS NVESTIGATORS WILL ATTEND. THE COURSE WILL BE HELD JULY 18 - 21, 2017 AT THE TSI MULTI-MODAL SAFETY INSTITUTE LOCATED IN OKLAHOMA CITY, OK.</p> <p>Accounting Info: 0100A17DSE-2017-3227700000-EXC0003000-253J0 Funded: \$7,971.42</p> <p>Accounting Info: 0100A17DSE-2017-3437700000-EXIS002800-253J0 Funded: \$3,188.58</p> <p>The total amount of award: \$11,160.00. The obligation for this award is shown in box 17(i).</p>				11,160.00	

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

\$11,160.00

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

IAA Number CPSC-I-17-0012 - 0000 -
 GT&C # Order # Amendment/Mod #

DEPARTMENT AND/OR AGENCY		
1.	Requesting Agency of Products/Services	Servicing Agency Providing Products/Services
	Name	Consumer Product Safety Commission
	Address	4330 East West Highway Room 710 Bethesda, MD 20814
		U. S. Department of Transportation Transportation Safety Institute
		6500 S. MacArthur Blvd., MPB-222 Oklahoma City, OK 73169
2. Servicing Agency Agreement Tracking Number (Optional) _____		
3. Assisted Acquisition Agreement Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
4. GT&C Action (Check action being taken)		
<input checked="" type="checkbox"/> New		
<input type="checkbox"/> Amendment – Complete only the GT&C blocks being changed and explain the changes being made.		
<input type="checkbox"/> Cancellation – Provide a brief explanation for the IAA cancellation and complete the effective End Date.		
5. Agreement Period Start Date <u>05-15-2017</u> End Date <u>09-30-2017</u> of IAA or effective cancellation date		
MM-DD-YYYY MM-DD-YYYY		
6. Recurring Agreement (Check One) A Recurring Agreement will continue, unless a notice to discontinue is received.		
Yes <input type="checkbox"/> If Yes, is this an: Annual Renewal <input type="checkbox"/>		
Other Renewal <input type="checkbox"/> State the other renewal period: _____		
No <input checked="" type="checkbox"/>		
7. Agreement Type (Check One) <input checked="" type="checkbox"/> Single Order IAA <input type="checkbox"/> Multiple Order IAA		
8. Are Advance Payments Allowed for this IAA (Check One) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes is checked, enter Requesting Agency's Statutory Authority Title and Citation		
Public Law 114-113, 594 Collections Authority		
Note: Specific advance amounts will be captured on each related Order.		

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

IAA Number CPSC-I-17-0012 - 0000 -
 GT&C # Order # Amendment/Mod #

<p>9. Estimated Agreement Amount (The Servicing Agency completes all information for the estimated agreement amount.) (Optional for Assisted Acquisitions)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Direct Cost</td> <td style="width: 20%; text-align: right;">\$11,160.00</td> <td rowspan="3" style="border-left: 1px solid black; vertical-align: top; padding-left: 10px;">Provide a general explanation of the Overhead Fees & Charges</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Overhead Fees & Charges</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Total Estimated Amount</td> <td style="text-align: right;">\$11,160.00</td> </tr> </table>		Direct Cost	\$11,160.00	Provide a general explanation of the Overhead Fees & Charges	Overhead Fees & Charges		Total Estimated Amount	\$11,160.00
Direct Cost	\$11,160.00	Provide a general explanation of the Overhead Fees & Charges						
Overhead Fees & Charges								
Total Estimated Amount	\$11,160.00							
<p>10. STATUTORY AUTHORITY</p> <p>a. Requesting Agency's Authority (Check One)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Franchise Fund <input type="checkbox"/></td> <td style="text-align: center;">Revolving Fund <input type="checkbox"/></td> <td style="text-align: center;">Working Capital Fund <input type="checkbox"/></td> <td style="text-align: center;">Economy Act (31 U.S.C. 1535/FAR 17.5) <input checked="" type="checkbox"/></td> <td style="text-align: center;">Other Authority <input type="checkbox"/></td> </tr> </table> <p>Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority 42 USC 231 Service and Supply Fund</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"/>	
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>b. Servicing Agency's Authority (Check One)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Franchise Fund <input type="checkbox"/></td> <td style="text-align: center;">Revolving Fund <input type="checkbox"/></td> <td style="text-align: center;">Working Capital Fund <input type="checkbox"/></td> <td style="text-align: center;">Economy Act (31 U.S.C. 1535/FAR 17.5) <input type="checkbox"/></td> <td style="text-align: center;">Other Authority <input checked="" type="checkbox"/></td> </tr> </table> <p>Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority Public Law 114-113, 594 Collections Authority</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"/>	
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>11. Requesting Agency's Scope (State and/or list attachments that support Requesting Agency's Scope.) TSI will provide a 3.5 day Specialized Transportation of Hazardous Materials Basic course for up to 14 students. It will be conducted by a TSI Multi-Modal Safety Instructor at TSI's location in Oklahoma City on July 18 – 21, 2017.</p> <p>All training must occur on or before 9/30/2017.</p>								
<p>12. Roles & 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.) DOT/TSI shall provide training and certification to Consumer Products Safety Commission personnel for the handling of hazardous materials. All training materials shall be provided from TSI include: pencils, high lighters, tabs, manuals including a current copy of the 49 CFR parts 100-185. All instructor expenses, including travel and per diem will be the responsibility of TSI</p> <p>CPSC: Tuition and travel expenses for students.</p>								

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

IAA Number CPSC-I-17-0012 - 0000 -
GT&C # Order # Amendment/Mod #

13. Restrictions (Optional) (State and/or attach unique requirements and/or mission specific restrictions specific to this IAA).
Not applicable

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.)

N/A

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.)

N/A

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-17-0012 - 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	Cassandra Sterba	Pete Kramer
Title	Contracting Officer	Division Manager, Multi- Modal Safety Division
Telephone Number(s)	(301) 504-7837	(405) 954-4583
Fax Number		
Email Address	csterba@cpsc.gov	pete.kramer@dot.gov
SIGNATURE		PETER J KRAMER <small>Digitally signed by PETER J KRAMER DN: cn=US, o=U.S. Government, ou=DOT FHWA/Alaboma/CityOK, ou=RTA FHWA/Alaboma/CityOK, cn=PETER J KRAMER Date: 2017.05.08 14:58:08 -0500</small>
Approval Date	5-18-2017	



U.S Department of Transportation
Office of the Secretary of Transportation

Transportation Safety Institute
P.O. Box 25082
Oklahoma City, Oklahoma 73125-0082

Ms. Beverly Kohen
Deputy Director, Field Investigations
US Consumer Product Safety Commission
Phone: (516) 938-5215

E-mail: BKohen@cpsc.gov

Dear Ms. Kohen -

This letter is in response to your request for a 3.5 day Specialized Transportation of Hazardous Materials Basic course. It will be conducted by a TSI Multi-Modal Safety Instructor at our location in Oklahoma City on July 18 – 21, 2017.

The total cost for this course would be \$11,160.00 for up to 14 total students. There will be two students arriving on July 18, with the remaining students arriving on July 19, 2017. We will provide training materials for each student that will include a current copy of the 49 CFR, student manual, handouts, etc. Each student who successfully completes the course will receive a U.S. Department of Transportation/TSI certificate of completion.

Please complete the attached tuition fee form and return it to us, along with your method of payment, via fax to 405-954-4645. We are required to have a signed obligating document and payment three weeks prior to holding the class. We accept purchase orders, credit cards or company checks. Please submit your payment in the amount of \$11,160.00 no later than June 27, 2017. Please call me at (405) 954-4583 or Chrysa Lehner at 405-954-4538, if you need any additional information or assistance.

Sincerely,

Pete Kramer

Peter Kramer, Division Manager
Multi-Modal Safety Division
U.S. DOT Transportation Safety Institute

6500 S. MacArthur Blvd. MPB-22, Oklahoma City, OK 73169
Telephone: (405) 954-4500 Fax: (405) 954-4645

Subject: CPSC-I-_____

1. This interagency agreement is established between the Consumer Product Safety Commission (CPSC) and the Department of Transportation (DOT), Transportation Safety Institute (TSI). The TSI will provide a 3 ½ day Specialized Transportation of Hazardous Materials training course for Field and Import Investigators. This course is required to recertify these investigators as HAZMAT shippers and to become consultants to the remainder of the investigative staff when HAZMAT shipping questions arise.
2. Investigators collect samples routinely as part of their daily investigative work. Of the thousands of evidence samples collected each year, many are considered hazardous and must be shipped in careful accordance with DOT regulations. Such products include fireworks, lithium batteries, cigarette lighters, liquid nicotine, propane tanks, and various household chemicals. Staff that ship HAZMAT materials must be certified due to the complexity of hazardous materials regulations.
3. This interagency acquisition will be procured in accordance with Section 27(g) of the Consumer Product Safety Act, (15 U.S.C. 2076(g)).
4. The DOT has unique and specialized knowledge, capabilities and facilities to perform this training which is not available at CPSC. This is the agency that regulates HAZMAT shipping. They have a special training division devoted to instructing people regarding the proper HAZMAT shipping methods. DOT provides this training to many other federal agencies that also ship HAZMAT items. These services cannot be obtained as conveniently or economically by contracting directly with a private source. The DOT training class is under \$12,000; further, it allows CPSC staff to build important inter-relationships with DOT employees, fostering ongoing contact should unusual shipping questions arise in the future. Previous training has been provided by the DOT in 2013 and 2015. For these reasons, this interagency acquisition is determined to be in the best interest of the Government.

**DENNIS
BLASIUŠ**

Digitally signed by DENNIS BLASIUŠ
DN: cn=U.S. Government,
ou=Consumer Product Safety
Commission, cn=DENNIS BLASIUŠ,
0.9.2342.19200300.100.1.1=61001000
054865
Date: 2017.04.27 12:13:14 -0500

Dennis Blasius
Contracting Officer

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

IAA Number CPSC-I-17-0012 - - Servicing Agency's Agreement
 GT&C # Order # Amendment/Mod # Tracking Number (Optional) 963COLLMMS

PRIMARY ORGANIZATION/OFFICE INFORMATION					
24.	Requesting Agency	Servicing Agency			
Primary Organization/Office Name	Consumer Product Safety Commission	U.S. Department of Transportation Transportation Safety Institute			
Responsible Organization/Office Address	4330 East West Highway Room 710 Bethesda, MD 20814	6500 S. MacArthur Blvd., MPB-222 Oklahoma City, OK 73169			
ORDER/REQUIREMENTS INFORMATION					
25. Order Action (Check One)					
<input checked="" type="checkbox"/> New					
<input type="checkbox"/> Modification (Mod) – List affected Order blocks being changed and explains 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"/> Cancellation – Provide a brief explanation for Order cancellation and fill in the Performance Period End Date for the effective cancellation date.					
26. Funding Modification Summary by Line	Line # _____	Line # _____	Line # _____	Total of All Other Lines (attach funding details)	Total
Original Line Funding	\$	\$	\$	\$	\$0.00
Cumulative Funding Changes From Prior Mods [addition (+) or reduction (-)]	\$	\$	\$	\$	\$ 0.00
Funding Change for This Mod	\$	\$	\$	\$	\$ 0.00
TOTAL Modified Obligation	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total Advance Amount (-)	\$	\$	\$	\$	\$ 0.00
Net Modified Amount Due	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
27. Performance Period					
	Start Date	<u>05-15-2017</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-17-0012 - -
 GT&C # Order # Amendment/Mod #

Servicing Agency's Agreement
 Tracking Number (Optional) 963COLLMMS

28. Order Line/Funding Information											Line Number <u> </u>											
Requesting Agency Funding Information									Servicing Agency Funding Information													
ALC		61-00-0001							69300001													
Component TAS Required by 10/1/2014	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB						
											069	2017	2017		1730	000						
OR Current TAS format			61-17-0100						69-X-1730-000/COLL													
BETC			DISB						COLL													
Object Class Code (Optional)																						
BPN			TIN: 520978750																			
BPN + 4 (Optional)			DUNS: 069287522																			
Additional Accounting Classification/Information (Optional)			See TSI Collections Agreement						04X1730T00/2017/963COLLMMS/9630000000													
Requesting Agency Funding Expiration Date <u>09-30-2017</u> MM-DD-YYYY									Requesting Agency Funding Cancellation Date <u>09-30-2021</u> 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) <u> </u>																						
Breakdown of Reimbursable Line Costs									OR								Breakdown of Assisted Acquisition Line Cost:					
Unit of Measure									Contract Cost		\$											
Quantity		Unit Price		Total				Servicing Fees		\$												
1		\$11,160.00		\$ 11,160.00				Total Obligated Cost		\$ 0.00												
Overhead Fees & Charges				\$				Advance for Line (-)		\$												
Total Line Amount Obligated				\$ 11,160.00				Net Total Cost		\$ 0.00												
Advance Line Amount (-)				\$				Assisted Acquisition Servicing Fees Explanation														
Net Line Amount Due				\$ 11,160.00																		
Type of Service Requirements																						
<input type="checkbox"/> Severable Service <input checked="" type="checkbox"/> Non-severable Service <input type="checkbox"/> Not Applicable																						

IAA Order

IAA Number CPSC-I-17-0012 - -
 GT&C # Order # Amendment/Mod #

Servicing Agency's Agreement
 Tracking Number (Optional) 963COLLMMS


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

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	Cassandra Sterba	Pete Kramer
Title	Contracting Officer	Division Manager
Telephone Number	(301) 504-7837	(405) 954-4583
Fax Number		
Email Address	csterba@cpsc.gov	Pete.Kramer@dot.gov
SIGNATURE		PETER J KRAMER <small>Digitally signed by PETER J KRAMER DN: cn=PETER J KRAMER, o=DOT, ou=Program Management, email=P.Kramer@dot.gov</small>
Date Signed	5-18-17	

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	Chrysa Lehner
Title	Director FMPB / Budget Officer	Program Analyst
Telephone Number	(301) 504-7575	(405) 954-4538
Fax Number		
Email Address	jbaker@cpsc.gov	chrysa.lehner@dot.gov
SIGNATURE		CHRYSA A LEHNER <small>Digitally signed by CHRYSA A LEHNER DN: cn=CHRYSA A LEHNER, o=DOT, ou=Program Management, email=chrysa.lehner@dot.gov</small>
Date Signed	5/23/17	

IAA Order

IAA Number CPSC-I-17-0012 - -
 GT&C # Order # Amendment/Mod #

Servicing Agency's Agreement
 Tracking Number (Optional) 963COLLMMS

CONTACT INFORMATION		
FINANCE OFFICE Points of Contact (POCs)		
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.		
39.	Requesting Agency (Payment Office)	Servicing Agency (Billing Office)
Name	Cindy Coszalter	Chrysa Lehner
Title	Payment Officer	Program Analyst
Office Address	CPSC Accounts Payable Br., AMZ-160 PO Box 25710, Oklahoma City, OK 73125	6500 S. MacArthur Blvd. MPB-222 Oklahoma City, OK 73169
Telephone Number	(405) 954-8250	(405) 954-4538
Fax Number		
Email Address	cindy.coszalter@faa.gov	chrysa.lehner@dot.gov
Signature & Date (Optional)		CHRYSA A LEHNER <small>Print Name</small>
40. ADDITIONAL Points of Contacts (POCs) (as determined by each Agency)		
This may include CONTRACTING Office Points of Contact (POCs).		
	Requesting Agency	Servicing Agency
Name	Jean Nunes	Chrysa Lehner
Title	Management Analyst, Field Investigations	Program Analyst
Office Address	4330 East West Highway Bethesda, MD 20814	RTI-30, 6500 S. MacArthur Blvd. MPB-222 Oklahoma City, OK 73169
Telephone Number	(510) 538-3556	(405) 954-4645
Fax Number		
Email Address	jnunes@cpsc.gov	Chrysa.Lehner@dot.gov
Signature & Date (Optional)		
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		

Transportation Safety Institute (TSI) Collections Agreement

Customer Name: U.S. Consumer Products Safety

Pursuant to annual appropriations acts, TSI has the authority to credit funds received from States, counties, municipalities, other public authorities, and private sources for expenses incurred for training. Please check the box next to the entity that best describes your organization:

****Federal Agency:** **State:** **County:** **Municipality:** **Other Public Authority:** **Private Source:**

Total Agreement Amount: 11,160.00

****If a federal agency please fill out the below accounting information**

Agency Location Code (ALC): 61-00-0001	Data Universal Numbering Sys. # (DUNS): 069287522
Tax Identification # (TIN): 520978750	Treasury Approp. Fund Symbol (TAFS): 61 17 0100
AID&Main Acct Code: SEE DESCRIPTION BELOW	


Brief Description of the Supplies, Services and Deliverables Required. Please attach any any supporting documentation.

Specialized Transportation of Haz Mat Course for up to 14 students that will be held in Oklahoma City, OK on July 18 - 21, 2017

Acct Code: 0100A17DSE-2017-3227700000-EXC0003000-253J0 - \$7,971.42

Acct Code: 0100A17DSE-2017-3437700000-EXIS002800-253J0 - \$3,188.58

Points of Contact for the Agreement

REQUESTING BUYER/CUSTOMER	TRANSPORTATION SAFETY INSTITUTE (TSI)
Finance Point of Contact	
Name James Baker	Name Chrysa Lehner
Address 4330 East West Highway, Bethesda, MD 20814	Address 6500 S. MacArthur MPB-222, OKC OK
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Program Point of Contact	
Name Jean Nunes	Name Pete Kramer, Division Manager
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E-mail jnunes@cpsc.gov	E-mail Pete.Kramer@dot.gov
Authorized Signatories	
REQUESTING BUYER/CUSTOMER	TRANSPORTATION SAFETY INSTITUTE (TSI)
Name and Title of Authorized Official	Name and Title of Authorized Official
James Baker, Director FMPB / Budget Officer	Chrysa Lehner, Program Analyst
Signature & Date	Signature & Date
 CHRISTOPHER SMAIER ACTING 5/23/17	CHRYSA A LEHNER <small>Digitally signed by CHRYSA A LEHNER DN: c=US, o=U.S. Government, ou=RITA FHWAOKlahomaCityOK, ou=DOT FHWAOKlahomaCityOK, cn=CHRYSA A LEHNER Date: 2017.05.09 14:46:14 -0500</small>
Name and Title of Authorized Official	Name and Title of Authorized Official
Jean Nunes, Management Analyst, Field Investigations	Pete Kramer, Division Manager
Signature & Date	Signature & Date
	PETER J KRAMER <small>Digitally signed by PETER J KRAMER DN: c=US, o=U.S. Government, ou=DOT FHWAOKlahomaCityOK, ou=RITA FHWAOKlahomaCityOK, cn=PETER J KRAMER Date: 2017.05.09 14:57:24 -0500</small>