

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 06/26/2012	2. CONTRACT NO. (If any) CPSC-B-00-5125	6. SHIP TO:	
3. ORDER NO. 0031		4. REQUISITION/REFERENCE NO. REQ-4310-12-0028	
5. ISSUING OFFICE (Address correspondence to) CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814		a. NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION	
		b. STREET ADDRESS DIRECTORATE FOR EPIDEMIOLOGY 4330 EASTWEST HIGHWAY ROOM 604-26	
		c. CITY BETHESDA	d. STATE MD
		e. ZIP CODE 20814	

7. TO: GARY L BROWN	f. SHIP VIA
a. NAME OF CONTRACTOR DECISION DATA COLLECTION INC	8. TYPE OF ORDER <input type="checkbox"/> a. PURCHASE <input checked="" type="checkbox"/> b. DELIVERY
b. COMPANY NAME	
c. STREET ADDRESS 4300 PLANK RD STE 190	REFERENCE YOUR: Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.
d. CITY FREDERICKSBURG	e. STATE VA
	f. ZIP CODE 22407-5724

9. ACCOUNTING AND APPROPRIATION DATA See Schedule	10. REQUISITIONING OFFICE CONSUMER PRODUCT SAFETY COMMISSION
11. BUSINESS CLASSIFICATION (Check appropriate box(es))	
<input checked="" 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	
12. F.O.B. POINT	

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

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	DUNS Number [REDACTED] Contracting Officer Representative Mr. Joel Friedman (301) 504-7500 jfriedman@cpsc.gov Continued ...					

SEE BILLING INSTRUCTIONS ON REVERSE	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		\$25,000.00
	b. STREET ADDRESS (or P.O. Box)	AMZ 160 P.O. Box 25710		\$25,000.00
	c. CITY	d. STATE	e. ZIP CODE	17(i) GRAND TOTAL
	Oklahoma City	OK	73125	

22. UNITED STATES OF AMERICA BY (Signature)	23. NAME (Typed) Rudi M. Johnson TITLE: CONTRACTING/ORDERING OFFICER
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**ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION**

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

DATE OF ORDER 06/26/2012 CONTRACT NO. CPSC-B-00-5125

ORDER NO. 0031

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)		UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>This Blanket Purchase Agreement (BPA) Number CPSC-B-00-5125, Call 0031 is established to conduct Computer Assisted Telephone Interview (CATI) Investigation of injuries collected through the National Surveillance System (NEISS) for a period of one (1) year, effective September 1, 2012 through August 30, 2013. All services shall be performed in accordance with the BPA and the attached terms and conditions. Ordering Off.: rjohnson Accounting Info: 0100A12DPS-2012-1216500000-EXHR004310-252G0</p> <p>Contractor shall provide all necessary, personnel, materials and facilities to conduct the following:</p> <p>Computer Assisted Telephone Interview (CATI) investigation of injuries collected through the National Surveillance System (NEISS)</p> <p>THE CONTRACTOR SHALL VERBALLY REQUEST PERMISSION TO ASK QUESTIONS OF THE VICTIMS OR GUARDIANS AS REQUIRED AND PLACE THEIR RESPONSES ON THE TELEPHONE QUESTIONNAIRE PROVIDED BY THE CPSC PROJECT OFFICER. IF THE VICTIM OR THE GUARDIAN AS REQUIRED GRANTS PERMISSION, THE CONTRACTOR SHALL MARK ACCEPTANCE BLOCK ON THE TELEPHONE QUESTIONNAIRE. THEN ASK THE VICTIM, PARENT OR GUARDIAN, AS REQUIRED TO RESPOND BY TYPING OR NEATLY PRINTING RESPONSES USING BLACK INK ON THE TELEPHONE QUESTIONNAIRE AND RETURN A COMPLETED SF 182 AT THE NEXT WEEKLY MEETING. IF PERMISSION IS NOT GRANTED, THE CONTRACTOR SHALL NOTIFY THE CPSC PROJECT OFFICER AT THE FOLLOWING WEEKLY MEETING AFTER THE INTERVIEW AND COMPLETE THE SF 182 STATING THE REASON WHY THE VICTIMS WERE UNWILLING TO PARTICIPATE IN THIS STUDY. IF IT IS BECAUSE OF WRONG OR DISCONNECTED NUMBERS OR FAILURE TO RETURN MESSAGES, THE CONTRACTOR SHALL RETURN THE Continued ...</p>	500	EA		50.00	25,000.00	

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

\$25,000.00

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

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

DATE OF ORDER: 06/26/2012
CONTRACT NO.: CPSC-B-00-5125

ORDER NO.: 0031

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>INVESTIGATION QUESTIONNAIR AND SF182 TO THE CPSC'S PROJECT OFFICER AT THE NEXT MEETING. THE CPSC'S PROJECT OFFICER WILL PROVIDE TO THE CONTRACTOR THE EPIDEIOLOGICAL INVESTIGATION CASE REPORT AND SF 182, THAT WILL INCLUDE THE VICTIM'S NAME, ADDRESS, AND TELEPHONE NUMBER AS WELL AS THE EPIDEMIOLOGICAL INVESTIGATION QUESTIONNAIRE.</p> <p>The total amount of award: \$25,000.00. The obligation for this award is shown in box 17(i).</p>					
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))					\$0.00	

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