

ORDER FOR SUPPLIES OR SERVICES

PAGE 1 OF 3 PAGES

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

1. DATE OF ORDER 08/03/2012	2. CONTRACT NO. (If any) CPSC-B-00-5125	6. SHIP TO:	
3. ORDER NO. 0032		4. REQUISITION/REFERENCE NO. REQ-4310-12-0029	
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))			12. F.O.B. POINT	
<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		
13. PLACE OF			14. GOVERNMENT B/L NO.	
a. INSPECTION Destination	b. ACCEPTANCE Destination	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 10 Days After Award		16. DISCOUNT TERMS Net 30

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	DUNS Number: ██████████ CONTRACTING OFFICER REPRESENTATIVE: YOLANDA NASH TEL: 301-504-7502 EMAIL: YNASH@CPSC.GOV Continued ...					

18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.	17(f) TOTAL (Cont. pages)
21. MAIL INVOICE TO:			
a. NAME CPSC Accounts Payable Branch			\$75,000.00
b. STREET ADDRESS (or P.O. Box) AMZ 160 P.O. Box 25710			17(f) GRAND TOTAL
c. CITY Oklahoma City	d. STATE OK	e. ZIP CODE 73125	

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

PAGE NO

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DATE OF ORDER
08/03/2012

CONTRACT NO.
CPSC-B-00-5125

ORDER NO.
0032

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>THIS IS CALL 0032 AGAINST THE BLANKET PURCHASE AGREEMENT (BPA) NUMBER CPSC-B-00-5125 TO CONDUCT A COMPUTER ASSISTED TELEPHONE INVESTIGATION (CATI) FOR THE PERFORMANCE PERIOD OF ONE (1) YEAR BEGINNING SEPTEMBER 1, 2012 THROUGH AUGUST 31, 2013. ALL SERVICES SHALL BE PERFORMED IN ACCORDANCE WITH THE BPA AND THE ATTACHED TERMS AND CONDITIONS. Ordering Off.: rjohnson Accounting Info: 0100A12RPS-2012-1117900000-EFMX004310-252G0</p> <p>THE CONTRACTOR SHALL PROVIDE COMPUTER ASSISTED TELEPHONE INTERVIEW (CATI) INVESTIGATIONS FOR NIOSH STUDY, AS ASSIGNED BY THE PROJECT OFFICER:</p> <p>MS. YOLANDA NASH DIVISION OF HAZARD & INJURY DATA SYSTEM (301)504-7502 EMAIL: YNASH@CPSC.GOV</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 Continued ...</p>	1500	EA	50.00	75,000.00	

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

\$75,000.00

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

PAGE NO

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DATE OF ORDER 08/03/2012
CONTRACT NO. CPSC-B-00-5125

ORDER NO.
0032

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>RETURN THE INVESTIGATION QUESTIONNAIRE AND SF182 TO THE CPSC PROJECT OFFICER AT THE NEXT MEETING. THE CPSC PROJECT OFFICER WILL PROVIDE TO THE CONTRACTOR THE EPIDEMIOLOGICAL 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: \$75,000.00. The obligation for this award is shown in box 17(i).</p>					

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

\$0.00