ORDER FOR SUPPLIES OR SERVICES

1. DATE OF ORDER: 09/08/2010
2. CONTRACT NO. (If any): CPSC-B-00-5126

3. ORDER NO.: 0015
4. REQUISITION/REFERENCE NO.: REQ-4310-10-0030

5. ISSUING OFFICE (Address correspondence to): CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814

6. SHIP TO:
   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: DAVID ZYCK
   a. NAME OF CONTRACTOR: ELLIOTT GROUP ASSOCIATES INC
   b. COMPANY NAME: ELLIOTT GROUP ASSOCIATES INC
   c. STREET ADDRESS: 105 OAK KNOLL TER
   d. CITY: ROCKVILLE
   e. STATE: MD
   f. ZIP CODE: 20850-0777

8. TYPE OF ORDER
   a. PURCHASE
   b. DELIVERY
   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

11. BUSINESS CLASSIFICATION (Check appropriate box(es))
    a. SMALL
    b. OTHER THAN SMALL
    c. DISADVANTAGED
    d. WOMEN-OWNED
    e. HUBZone
    f. EMERGING SMALL VETERAN-OWNED

12. F.O.B. POINT
    Destination

13. PLACE OF
    a. INSPECTION
    Destination
    b. ACCEPTANCE
    Destination

14. GOVERNMENT BIL NO.

15. DELIVER TO F.O.B. POINT
    ON OR BEFORE (Date): 09/01/2011
    DESTINATION: Destination
    Net 30

16. DISCOUNT TERMS

17. SCHEDULE (See reverse for Rejections)

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<tr>
<th>ITEM NO.</th>
<th>SUPPLIES OR SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
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<td>THIS IS CALL 0015 AGAINST THE BLANKET PURCHASE AGREEMENT (BPA) NUMBER CPSC-B-00-5126 TO CONDUCT A COMPUTER ASSISTED TELEPHONE INVESTIGATION (CATI) FOR THE PERFORMANCE PERIOD OF ONE (1) YEAR Continued ...</td>
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18. SHIPPING POINT

19. GROSS SHIPPING WEIGHT

20. INVOICE NO.

21. MAIL INVOICE TO:
   a. NAME: CONSUMER PRODUCT SAFETY COMMISSION
   b. STREET ADDRESS (or P.O. Box): DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522
   c. CITY: BETHESDA
   d. STATE: MD
   e. ZIP CODE: 20814

22. UNITED STATES OF AMERICA
   BY (Signature): [Signature]

23. NAME (Typed): Eddie Ahmad
   TITLE: CONTRACTING/ORDERING OFFICER

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Previous Edition Not Usable

Optional Form 347 (Rev. 5/2005)
Preceded by GSA/AR4 40 CFR 31.213(e)

Net 30
BEGINNING SEPTEMBER 1, 2010 THROUGH AUGUST 31, 2011. ALL SERVICES SHALL BE PERFORMED IN ACCORDANCE WITH THE BPA AND THE ATTACHED TERMS AND CONDITIONS.
Ordering Off.: rjohnson
Accounting Info: 0100A10DFS-2010-2256000000-EXFM004310-252G0

0001 THE CONTRACTOR SHALL PROVIDE COMPUTER ASSISTED TELEPHONE INVERVIEW (CATI) INVESTIGATIONS FOR NIOSH STUDY, AS ASSIGNED BY THE PROJECT OFFICER: MS. YOLAND NASH DIVISION OF HAZARD & INJURY DATA SYSTEM (301)504-7502 EMAIL: ynash@cpsc.gov

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 INVESTIGATION QUESTIONNAIRE AND SF182 TO THE CPSC'S PROJECT OFFICER AT THE NEXT MEETING. THE CPSC'S PROJECT OFFICER WILL PROVIDE TO THE CONTRACTOR THE EPIDEMIOLOGICAL INVESTIGATION CASE REPORT AND SF 182, THAT WILL INCLUDE THE VICTIM'S Continued ...

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## ORDER FOR SUPPLIES OR SERVICES

**DATE OF ORDER:** 09/08/2010  
**CONTRACT NO.:** CPSC-B-00-5126  
**ORDER NO.:** 0015

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**NAME, ADDRESS, AND TELEPHONE NUMBER AS WELL AS THE EPIDEMIOLOGICAL INVESTIGATION QUESTIONNAIRE.**

The total amount of award: $10,000.00. The obligation for this award is shown in box 17(i).

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