ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER
09/10/2011

2. CONTRACT NO. (if any)
CPSC-B-00-5126

3. ORDER NO.
0017

4. REQUISITION/REFERENCE NO.
REQ-4310-11-0035

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

b. STREET ADDRESS
DIRECTORATE FOR EPIDEMIOLOGY
4330 EASTWEST HIGHWAY
ROOM 604-26

7. TO:
DAVID ZYCK

a. NAME OF CONTRACTOR
ELLIOTT GROUP ASSOCIATES INC

b. COMPANY NAME

8. TYPE OF ORDER

a. PURCHASE

b. DELIVERY

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

12. F.O.B. POINT

13. PLACE OF

14. GOVERNMENT BIL NO.

15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)

16. DISCOUNT TERMS
Net 30

17. SCHEDULE (See reverse for Rejections)

<table>
<thead>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>(c)</td>
<td>(d)</td>
<td>(e)</td>
<td>(f)</td>
<td>(g)</td>
<td>(h)</td>
</tr>
</tbody>
</table>

18. SHIPPING POINT
19. GROSS SHIPPING WEIGHT
20. INVOICE NO.

21. MAIL INVOICE TO:

a. NAME
CPSC Accounts Payable Branch

b. STREET ADDRESS
AMZ 160
P. O. Box 25710

17(f) TOTAL (Cost pages)
$37,500.00

17(g) GRAND TOTAL
$37,500.00

22. UNITED STATES OF AMERICA
BY (Signature)

23. NAME (Typed)
Rudi M. Johnson
TITLE: CONTRACTING/ORDERING OFFICER

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Optional Form 347 (Rev. 9/2008)
Prescribed by GSA/AR 48 CPR 55.17(a)
**ORDER FOR SUPPLIES OR SERVICES**

**SCHEDULE - CONTINUATION**

**DATE OF ORDER** | **CONTRACT NO.** | **ORDER NO.**
--- | --- | ---
09/10/2011 | CPSC-B-00-5126 | 0017

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
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<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0001</td>
<td>THE CONTRACTOR SHALL PROVIDE COMPUTER ASSISTED TELEPHONE INVESTIGATIONS FOR NIOSH STUDY NEISS-AIP, CONGRESSIONAL-UNDER-REPORTING, AS ASSIGNED BY THE PROJECT OFFICER: MS. YOLAND NASH DIVISION OF HAZARD &amp; INJURY DATA SYSTEM (301)504-7502 EMAIL: <a href="mailto:ynash@cpsc.gov">ynash@cpsc.gov</a></td>
<td>750</td>
<td>EA</td>
<td>50.00</td>
<td>37,500.00</td>
</tr>
</tbody>
</table>

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 UN WILLING 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 Continued ...
AND SF 162, THAT WILL INCLUDE THE VICTIM'S NAME, ADDRESS, AND TELEPHONE NUMBER AS WELL AS THE EPIDEMIOLOGICAL INVESTIGATION QUESTIONNAIRE.