

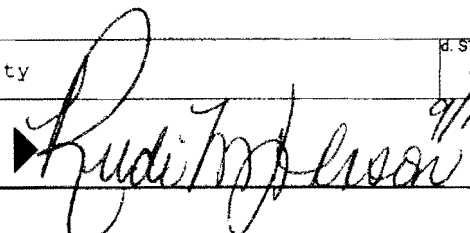
ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

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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		6. SHIP TO: a. NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION			
3. ORDER NO. 0018		4. REQUISITION/REFERENCE NO. REQ-4310-11-0036		b. STREET ADDRESS DIRECTORATE FOR EPIDEMIOLOGY 4330 EASTWEST HIGHWAY ROOM 604-26			
5. ISSUING OFFICE (Address correspondence to) CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814				c. CITY BETHESDA		d. STATE MD	e. ZIP CODE 20814
7. TO: DAVID ZYCK a. NAME OF CONTRACTOR ELLIOTT GROUP ASSOCIATES INC				f. SHIP VIA			
b. COMPANY NAME				8. TYPE OF ORDER <input type="checkbox"/> a. PURCHASE <input checked="" type="checkbox"/> b. DELIVERY			
c. STREET ADDRESS 105 OAK KNOLL TER				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 ROCKVILLE		e. STATE MD	f. ZIP CODE 20850-0777	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			
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. EMERGING SMALL BUSINESS <input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED				12. F.O.B. POINT			
13. PLACE OF a. INSPECTION Destination		b. ACCEPTANCE Destination		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)	
						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)
	DUNS Number: 1100000000 THIS IS CALL 0018 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 ...						
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						\$30,500.00	
b. STREET ADDRESS (or P.O. Box) AMZ 160 P. O. Box 25710							
c. CITY Oklahoma City				d. STATE OK	e. ZIP CODE 73125	\$30,500.00	
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. 4-2006)
Prescribed by GSA/FAR 48 CFR 53.215(a)

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

PAGE NO

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DATE OF ORDER CONTRACT NO.

09/10/2011 CPSC-B-00-5126

ORDER NO.

0018

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>BEGINNING SEPTEMBER 1, 2011 THROUGH AUGUST 31, 2012. ALL SERVICES SHALL BE PERFORMED IN ACCORDANCE WITH THE BPA AND THE ATTACHED TERMS AND CONDITIONS. Ordering Off.: RJOHNSON Accounting Info: 0100A11RPS-2011-1117900000-EXFM004310-252G0</p> <p>THE CONTRACTOR SHALL PROVIDE COMPUTER ASSISTED TELEPHONE INTERVIEW (CATI) INVESTIGATIONS FOR NIOSH STUDY, NEISS-AIP, BARRIERS TO REPORTING AS ASSIGNED BY THE PROJECT OFFICER: MS. YOLAND 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 UN WILLING TO PARTICIPATE IN THIS STUDY. IF IT IS BECAUSE OF WRONG OR DISCONNECTED NUMBERS OR FAILURE TO RETURN MESSSAGES, 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 ...</p>	610	EA	50.00	30,500.00	

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

\$30,500.00

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

PAGE NO

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

DATE OF ORDER

CONTRACT NO.

ORDER NO.

09/10/2011

CPSC-B-00-5126

0018

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	AND SF 182, THAT WILL INCLUDE THE VICTIM'S NAME, ADDRESS, AND TELEPHONE NUMBER AS WELL AS THE EPIDEMIOLOGICAL INVESTIGATION QUESTIONNAIRE.					
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))						\$0.00

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