

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEM
OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30

1. REQUISITION NUMBER: REQ-4310-10-0002
PAGE OF: 1 OF 6

2. CONTRACT NO: CPSC-D-06-0003
3. AWARD/EFFECTIVE DATE: 10/01/2009
4. ORDER NUMBER: 0010
5. SOLICITATION NUMBER: CPSC-R-05-0002
6. SOLICITATION ISSUE DATE: 08/26/2005

7. FOR SOLICITATION INFORMATION CALL: Peter Nerret
a. NAME: Peter Nerret
b. TELEPHONE NUMBER: 301-504-7033
(No collect calls)
8. OFFER DUE DATE/LOCAL TIME: ET

9. ISSUED BY: CONSUMER PRODUCT SAFETY COMMISSION
DIV OF PROCUREMENT SERVICES
4330 EAST WEST HWY
ROOM 517
BETHESDA MD 20814
CODE: FMPS

10. THIS ACQUISITION IS:
 UNRESTRICTED OR
 SET ASIDE:
% FOR:
 SMALL BUSINESS
 EMERGING SMALL BUSINESS
NAICS: 518210
 HUBZONE SMALL BUSINESS
 SOLE SOURCE
SIZE STANDARD: 21
 SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS
 8(A)

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED
 SEE SCHEDULE

12. DISCOUNT TERMS

13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)

13b. RATING

14. METHOD OF SOLICITATION
 RFQ
 IFB
 RFP

15. DELIVER TO: CONSUMER PRODUCT SAFETY COMMISSION
DIRECTORATE FOR EPIDEMIOLOGY
4330 EASTWEST HIGHWAY
ROOM 604-26
BETHESDA MD 20814
CODE: EP

16. ADMINISTERED BY: CONSUMER PRODUCT SAFETY COMMISSION
DIV OF PROCUREMENT SERVICES
4330 EAST WEST HWY
ROOM 517
BETHESDA MD 20814
CODE: FMPS

17a. CONTRACTOR/OFFEROR: ADVANCED INFORMATION SYSTEM INC
ATTN MR JOHN Q HSU PRESIDENT
14029 WELLAND TERRACE
GAITHERSBURG MD 20878
CODE: [REDACTED]
FACILITY CODE: [REDACTED]
TELEPHONE NO: (240) 351-8454

18a. PAYMENT WILL BE MADE BY: CONSUMER PRODUCT SAFETY COMMISSION
DIVISION OF FINANCIAL SERVICES
4330 EAST WEST HWY
ROOM 522
BETHESDA MD 20814
CODE: FMFS

17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER

18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED SEE ADDENDUM

| 19 ITEM NO. | 20 SCHEDULE OF SUPPLIES/SERVICES | 21 QUANTITY | 22 UNIT | 23 UNIT PRICE | 24 AMOUNT |
|-------------|--|-------------|---------|---------------|-----------|
| | <p>DUNS Number: [REDACTED]</p> <p>THE PURPOSE OF TASK ORDER #0010 IS TO PROVIDE 3 MONTHS OF FY-10 INCREMENTAL FUNDING.</p> <p>THEREFORE, INCREMENTAL FUNDING IN THE AMOUNT OF \$57,313.59 IS BEING PROVIDED AT THIS TIME.</p> <p>BASED ON THE ABOVE, THE CONTRACTOR IS AUTHORIZED TO PROCEED WITH TASK ORDER #0010 USING THE RATES LISTED BELOW.</p> <p>(Use Reverse and/or Attach Additional Sheets as Necessary)</p> | | | | |

25. ACCOUNTING AND APPROPRIATION DATA: 10-PS-EXHR-4310-11282-252N

26. TOTAL AWARD AMOUNT (For Govt. Use Only): \$57,313.59

27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA ARE ARE NOT ATTACHED.

27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA ARE ARE NOT ATTACHED.

28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.

29. AWARD OF CONTRACT REF. OFFER DATED [REDACTED] YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:

30a. SIGNATURE OF OFFEROR/CONTRACTOR: [REDACTED]

31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER): Robert J. Frost

30b. NAME AND TITLE OF SIGNER (Type or print): [REDACTED]

30c. DATE SIGNED: [REDACTED]

31b. NAME OF CONTRACTING OFFICER (Type or print): Robert J. Frost

31c. DATE SIGNED: 11/30/09

T. STEVENSON (OS)

| 19. ITEM NO. | 20. SCHEDULE OF SUPPLIES/SERVICES | 21. QUANTITY | 22. UNIT | 23. UNIT PRICE | 24. AMOUNT |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| 0005 AA | Delivery: 10/01/2009 Data Entry, Data Reduction and Scanning Services Parts 1 & 2 The total amount of award: \$57,313.59. The obligation for this award is shown in box 26. | 3 | MO | 19,104.53 | 57,313.59 |

32a. QUANTITY IN COLUMN 21 HAS BEEN RECEIVED INSPECTED NOTED ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____ 32c. DATE _____ 32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____

32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____ 32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____
 32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____

33. SHIP NUMBER _____ 34. VOUCHER NUMBER _____ 35. AMOUNT VERIFIED CORRECT FOR _____ 36. PAYMENT COMPLETE PARTIAL FINAL 37. CHECK NUMBER _____
 PARTIAL FINAL

38. S/R ACCOUNT NUMBER _____ 39. S/R VOUCHER NUMBER _____ 40. PAID BY _____

41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT _____ 42a. RECEIVED BY (Print) _____
 41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER _____ 41c. DATE _____ 42b. RECEIVED AT (Location) _____
 42c. DATE REC'D (YY/MM/DD) _____ 42d. TOTAL CONTAINERS _____