

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

1. REQUISITION NUMBER: REQ-4310-11-0009
 PAGE OF: 1 3
 2. CONTRACT NO.: CPSC-D-06-0003
 3. AWARD/EFFECTIVE DATE: 01/01/2011
 4. ORDER NUMBER: 0015
 5. SOLICITATION NUMBER:
 6. SOLICITATION ISSUE DATE:

7. FOR SOLICITATION INFORMATION CALL: Peter Nerret
 a. NAME: Peter Nerret
 b. TELEPHONE NUMBER (No collect calls): 301-504-7033
 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:
 SMALL BUSINESS EMERGING SMALL BUSINESS
 HUBZONE SMALL BUSINESS SOLE SOURCE
 SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS 8(A)
 NAICS: 518210
 SIZE STANDARD: 21

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED
 SEE SCHEDULE
 12. DISCOUNT TERMS: Net 30
 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (18 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:
 FACILITY CODE:
 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
 TELEPHONE NO.: (240) 351-8454

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
	DUNS Number: THE PURPOSE OF TASK ORDER #0015 IS TO PROVIDE EIGHT (8) MONTHS OF INCREMENTAL FUNDING FOR THE PERIOD OF JANUARY 1, 2011 THRU AUGUST 31, 2011. BASED ON THE ABOVE, INCREMENTAL FUNDING IS PROVIDED AS FOLLOWS: Continued ... (Use Reverse and/or Attach Additional Sheets as Necessary)				

25. ACCOUNTING AND APPROPRIATION DATA: 0100A11DPS-2011-1128200000-EXHR004310-252N0
 26. TOTAL AWARD AMOUNT (For Govt. Use Only): \$157,429.04

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 _____ 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
 31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)


30b. NAME AND TITLE OF SIGNER (Type or print):
 30c. DATE SIGNED:
 31b. NAME OF CONTRACTING OFFICER (Type or print): Eddie Ahmad
 31c. DATE SIGNED: 02/09/2011

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
0006 AA	Data Entry, Data Reduction and Scanning Services (Period of Performance: January 1, 2011 thru August 31, 2011) EXCEPT AS PROVIDED HEREIN, ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT. The total amount of award: \$157,429.04. The obligation for this award is shown in box 26.	8	MO	19,678.63	157,429.04

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 _____