

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS <small>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30</small>				1. REQUISITION NUMBER REQ-4310-13-0001		PAGE OF 1 2							
2. CONTRACT NO. CPSC-D-06-0003			3. AWARD/ EFFECTIVE DATE 10/22/2012		4. ORDER NUMBER 0019		5. SOLICITATION NUMBER CPSC-R-05-0002						
							6. SOLICITATION ISSUE DATE 08/26/2005						
7. FOR SOLICITATION INFORMATION CALL:			a. NAME Greg Grayson			b. TELEPHONE NUMBER (No collect calls) 301-504-7725		8. OFFER DUE DATE/LOCAL TIME ET					
9. ISSUED BY CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814			CODE FMFS		10. THIS ACQUISITION IS <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS			<input type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS <input type="checkbox"/> (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB <input checked="" type="checkbox"/> SET ASIDE: <input checked="" type="checkbox"/> 8(A) NAICS: 518210 SIZE STANDARD: 21					
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE			12. DISCOUNT TERMS SB / NET 30			13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 750) <input type="checkbox"/>		13b. RATING					
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 523 BETHESDA MD 20814			14. METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input checked="" type="checkbox"/> RFP					
17a. CONTRACTOR/OFFEROR ADVANCED INFORMATION SYSTEM INC ATTN MR JOHN Q HSU PRESIDENT 14029 WELLAND TERRACE GAITHERSBURG MD 20878			CODE [REDACTED]		18a. PAYMENT WILL BE MADE BY CPSC Accounts Payable Branch AMZ 160 P. O. Box 25710 Oklahoma City OK 73125			CODE FMFS					
TELEPHONE NO. (240) 351-8454													
<input type="checkbox"/> 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 <input type="checkbox"/> SEE ADDENDUM							
19. ITEM NO.		20. SCHEDULE OF SUPPLIES/SERVICES				21. QUANTITY		22. UNIT		23. UNIT PRICE		24. AMOUNT	
		DUNS Number: [REDACTED] Contracting Officer Representative: Lynda Crouse LCrouse@cpsc.gov Tel: 301-504-6960 TASK ORDER 0019 AGAINST CONTRACT CPSC-D-06-0003 IS HEREBY ISSUED TO PROVIDE DATA ENTRY, DATA REDUCTION AND SCANNING SERVICES FOR THE PERFORMANCE PERIOD EFFECTIVE OCTOBER 1, 2012 THROUGH SEPTEMBER 30, 2013 UNDER CLIN 0008AA AND (Use Reverse and/or Attach Additional Sheets as Necessary)											
25. ACCOUNTING AND APPROPRIATION DATA 0100A13DSE-2013-1333000000-EXHR004310-252N0						26. TOTAL AWARD AMOUNT (For Govt. Use Only) \$62,631.36							
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA						<input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.							
<input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA						<input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.							
<input type="checkbox"/> 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.						<input checked="" type="checkbox"/> 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) Rusti M. Johnson				31c. DATE SIGNED 10/25/2012			

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	<p>THE TERMS AND CONDITIONS OF THE CONTRACT.</p> <p>AT THIS TIME INCREMENTAL FUNDING IS HEREBY PROVIDED FOR THREE (3) MONTHS, FOR THE PERFORMANCE PERIOD EFFECTIVE OCTOBER 1, 2012 THROUGH DECEMBER 31, 2012, IN THE AMOUNT OF \$62,631.36. UPON AVAILABILITY OF FUNDS, THE GOVERNMENT WILL ISSUE A MODIFICATION FOR THE REMAINING FUNDS AT A LATER DATE.</p>				
0008 AA	<p>Data Entry, Data Reduction and Scanning Services</p> <p>Fully Funded Obligation Amount\$250,525.44</p> <p>The total amount of award: \$250,525.44. The obligation for this award is shown in box 26.</p>	12	MO	20,877.12	62,631.36

32a. QUANTITY IN COLUMN 21 HAS BEEN

☐ RECEIVED ☐ INSPECTED ☐ ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: _____

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 <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	37. CHECK NUMBER
<input type="checkbox"/> PARTIAL <input type="checkbox"/> 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