IAA Number CPSC-I-15-0011	- 0000 -	MOD #0001	
GT&C #	Order#	Amendment/Mod #	

	DEPARTMENT AND/OR AGENCY									
1.	Requesting Agency of Products/Services Servicing Agency Providing Products/Servi									
	Name	U.S. Consumer Product Safety Commission Office of International Programs	U.S. Department of State Office of Language Services, A/OPR/LS							
	Address 4330 East West Highway SA-1, 2201 C Street NW, Washington, DC 20001 Bethesda, MD 20814-4408									
2. Service	2. Servicing Agency Agreement Tracking Number (Optional)									
3. Assist	3. Assisted Acquisition Agreement Yes No 🗸									
Extension	4. GT&C Action (Check action being taken) New Amendment — Complete only the GT&C blocks being changed and explain the changes being made. Extension of POP. Cancellation — Provide a brief explanation for the IAA cancellation and complete the effective End Date.									
5. Agree	ement Perio	d Start Date 03-09-2015 End Date 11-30 MM-DD-YYYY MM-DD	-2015 of IAA or effective cancellation date							
6. Recu Yes 🗔 No 🗾	Other Renewal State the other renewal period:									
7. Agree	ment Type	(Check One) Single Order IAA M	ultiple Order IAA							
If Yes is	checked, en	rments Allowed for this IAA (Check One) Yeter Requesting Agency's Statutory Authority Title an								
Note: Sp	ecitic advan	ce amounts will be captured on each related Order.								

IAA Number	CPSC-I-15-0011	- 0000 -	MOD #0001	
_	GT&C #	Order#	Amendment/Mod #	

9. Estimated Agreement Amount (The Servicing Agency completes all information for the estimated agreement amount.)					
(Optional for Assisted Acquisitions)					
Direct Cost					
10. STATUTORY AUTHORITY					
a. Requesting Agency's Authority (Check One) Franchise Revolving Working Economy Act Other Fund Fund Capital Fund (31 U.S.C. 1535/FAR 17.5) Authority Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority					
b. Servicing Agency's Authority (Check One) Franchise Revolving Working Economy Act Other Fund Fund Capital Fund (31 U.S.C. 1535/FAR 17.5) Authority Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority Section 193 of P.L. 103-236; US Code: 22 USC 2695a					
11. Requesting Agency's Scope (State and/or list attachments that support Requesting Agency's Scope.) CPSC is responsible for ensuring that foreign manufacturers have access to the latest information on U.S. requirements for consumer products. CPSC has jurisdiction over more than 15,000 types of consumer products found in and around the home and in recreational facilities. Documents that require translation include brochures, power point presentations, video scrips, and web content. In addition, we require interpretation of meetings and training events with foreign stakeholders. CPSC relies on the Department of State's Office of Language Services to ensure that communications with foreign government officials meet the highest standards.					
12. Roles & Responsibilities for the Requesting Agency and Servicing Agency (State and/or list attachments for the roles and responsibilities for the Requesting Agency and the Servicing Agency.) Please see Appendix A: Language Services Guidelines. CPSC agrees to: request services in writing, approve those cost estimates provided by DOS and agreed to by CPSC, and pay DOS the agreed cost after services are delivered.					
DOS agrees to: provide CPSC with an estimate of the cost to the CPSC, provide CPSC with translation services requested after CPSC has approved the agreed cost.					

AA Number_	CPSC-I-1	5-0011	- 0000 -	MOD #0001
_	GT&C	#	Order#	Amendment/Mod #
13. Restricti	ions (Option	nal) (State	e and/or attac	ch unique requirements and/or mission specific restrictions specific to this IAA).
14. Assisted Requesting	l Acquisition	on Small any contr	Business Cr act actions it	redit Clause (The Servicing Agency will allocate the socio-economic credit to the that that executed on behalf of the Requesting Agency.)
15. Dispute Manual (TF)	s: Disputes M) Volume	related to I, Part 2,	this IAA sh Chapter 470	nall be resolved in accordance with instructions provided in the Treasury Financial 00, Appendix 10; Intragovernmental Business Rules.
Agency.)	ation (Inse	t the nun	ber of days	that this IAA may be terminated by written notice by either the Requesting or Servicing
90 Days If this agree agree to the	ment is cand terms of the	celed, any e terminat	implementi ion, includir	ing contract/order may also be canceled. If the IAA is terminated, the agencies shall ng costs attributable to each party and the disposition of awarded and pending actions.
If the Servici Requesting A are directly a	Agency shall	pay any a	ctual costs in	Requesting Agency's failure to give the requisite notice of its intent to terminate the IAA, the acurred by the Servicing Agency as a result of the delay in notification, provided such costs office.
17. Assisted this IAA. (d Acquisiti State or atta	on Agree	ments – Re	questing Agency's Organizations Authorized To Request Acquisition Assistance for g Agency's organizations authorized to request acquisition assistance for this IAA.)
18. Assiste this IAA. (d Acquisiti State or atta	on Agree	ements – Se of Servicing	rvicing Agency's Organizations authorized to Provide Acquisition Assistance for Agency's organizations authorized to provide acquisition for this IAA.)
19. Reque	sting Agen	cy Claus	e(s) (Optiona	al) (State and/or attach any additional Requesting Agency clauses.)

IAA Number	CPSC-I-15-0011	- 0000 -	MOD #0001		
	GT&C #		Amendment/Mo	d #	

20. Servicing Age	ency Clause(s) (Optional) (State and/or attach any add	itional Servicing Agency clauses.)
	questing Agency and/or Servicing Agency Attachmo and/or Servicing Agency attachments.)	ents (Optional) (State and/or attach any additional
22. Annual Revie	ew of IAA	
By signing this agr changes will be ma	reement, the parties agree to annually review the IAA indeed by amendment to the GT&C and/or modification to	f the agreement period exceeds one year. Appropriate o any affected Order(s).
to sign this agreem	AGENCY OFFI all is the highest level accepting authority or official as ent. Each Agency Official must ensure that the genera thorities, and, that the scope of work can be fulfilled po	designated by the Requesting Agency and Servicing Agency at terms and conditions are properly defined, including the
The Agreement Pe	riod Start Date (Block 5) must be the same as or later	than the signature dates.
Actual work for th for Blocks 37 and		by the appropriate individuals, as stated in the Instructions
23.	Requesting Agency	Servicing Agency
Name	Eddie Ahmad	Thomas F. Hufford
Title	CPSC Contracting Officer	Director, Language Services
Telephone Number(s)	(301) 504-7884	202-261-8766
Fax Number	(978) 244-8640	
Email Address	aahmad@cpsc.gov	HuffordTF@state.gov
SIGNATURE	AAhmad Digitally signed by AAhmad Off. on CPSC, out-110, out-EXAD, cn-2AAhmad Data: 2015.09.30 10:42:58 -04100'	Mr HH
Approval Date		9/30/15

United States Government

Interagency Agreement (IAA) – Agreement Between Federal Agencies Order Requirements and Funding Information (Order) Section

IAA Number CPSC-I-15-0011	MOD	#0001	Servicing Ag	ency's Agreement				
GT&C#	Order# Ame	endment/Mod #		nber (Optional)				
PR	IMARY ORGAN	NIZATION/OF	FICE INFORM	ATION				
24.	Reque	sting Agency		Servicing Age	ıcy			
Primary Organization/Office	U.S. Consumer	Product Safety		epartment of State				
Name	Commission	- 4 1 A / 4 1 1 1 1		of Language Service, 2201 C Street NW				
Responsible Organization/Office Address	EXIP - 4330 Eas Bethesda, MD 2		DC 20		, washington,			
ORDER/REQUIREMENTS INFORMATION								
 New ✓ Modification (Mod) – List affected Order blocks being changed and explains the changes being made. For Example: for a performance period mod, state new performance period for this Order in Block 27. Fill out the Funding Modification Summary by Line (Block 26) if the mod involves adding, deleting or changing Funding for an Order Line. NEW PERFORMANCE PERIOD. THIS IS A NO COST MODIFICATION TO EXTEND THE PERIOD OF PERFORMANCE. ☐ Cancellation – Provide a brief explanation for Order cancellation and fill in the Performance Period End Date for the effective cancellation date. 								
26. Funding Modification Summary by Line	Line #	Line#	Line#	Total of All Other Lines (attach funding details)	Total			
Original Line Funding	\$	\$	\$	\$	\$0.00			
Cumulative Funding Changes From Prior Mods [addition (+) or reduction (-)]	\$	\$	\$	\$	\$ 0.00			
Funding Change for This Mod	\$0.00	\$	\$	\$	\$0.00			
TOTAL Modified Obligation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
Total Advance Amount (-)	\$	\$	\$	\$	\$0.00			
Net Modified Amount Due	\$ 0.00	\$0.00	\$0.00	\$0.00	\$0.00			
27. Performance Period Start Date 03-09-2015 End Date 11-30-2015 For a performance period mod, insert MM-DD-YYYY MM-DD-YYYY the start and end dates that reflect the new performance period								

Servicing Agency's Agreement

_ MOD #0001

	G	T&C #		Ord	ier# ,	Ame	ndment	'Mod #	Tr	acking	Numb	er (Opti	ional)			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
28. Order Line/Funding Information									Line Number							
Requesting Agency Funding Information							Servicing Agency Funding Information									
ALC			61-0	0-0001	0-0001					19-	-00-00	01				
Component	SP	ATA	AID	BPOA	ЕРОА	A	MAIN SUB		SP	ATA	AID	BPOA	E POA	A	MAIN	SUB
TAS Required by 10/1/2014			061	2015	2015		0100	000	-		019	2015		X	0113	000
OR Current	ΓAS fo	rmat		not use	L	!	, - ,	1000	Don	ot use	<u> </u>	12010	<u> </u>	1/	10110	1000
BETC DIS									COL				···			
Object Class Code (Optional)									1							
BPN		<u> </u>	DUN	NS: 069	287522	2			02-4	76090)7					
BPN + 4 (Op	tional)		<u> </u>						T		······································					
Additional Accounting Classification/Information (Optional)									:							
Requesting A 09-30-20 MM-DD-YY	15	Funding	g Expi	ration D	ate			_0	Requesting Agency Funding Cancellation Date 09-30-2020 MM-DD-YYYY							
Project Num	ıber &	Title														
products/serv Please refer to a									•							
North Ameri	can Inc	lustry C	lassifi	cation S	vstem (1	VAIO	CS) Nur	nber (O	ntional)						
Breakdown							/	OR	·		down (of Assist	ted Acar	isitio	n Line C	Cost:
Unit of Meas	sure							To	·	Breakdown of Assisted Acquisition Line Cost: ontract Cost \$						
Quantity		Unit	Price		Т	otal		Se	rvicing	g Fees	\$				· · · · · · · · · · · · · · · · · · ·	
				\$ 0.	.00			Ot	ligated	Total I Cost	\$ 0	.00				
Overhead Fe	es & C	harges		\$		•			Advan		\$					
Total Line A	mount	Obligate	ed	\$ 0	.00				Li	ine (-)						
									et Tota		\$ 0					
Advance	Line	Amount	(-)	\$	· · · · · · · · · · · · · · · · · · ·			- As	sisted	Acquis	sition S	Servicing	g Fees Ex	cplana	ation	
		ount Du	•	\$ 0	.00											
Type of Ser		-	ents] Non-s	everable	e Ser	vice	□No	ot Appl	icable				DEMITITATIVE AND		

IAA Number CPSC-I-15-0011

IAA Number CPSC-l-15-0011 - MOD #0001	Servicing Agency's Agreement							
GT&C # Order # Amendment/Mod #	Tracking Number (Optional)							
29. Advance Information (Complete Block 29 if the Advance Payme	ent for Products/Services was checked "Yes" on the GT&C.)							
Total Advance Amount for the Order S[A	All Order Line advance amounts (Block 28) must sum to this total.]							
Revenue Recognition Methodology (according to SFFAS 7) (Identify the Revenue Recognition Methodology that will be used to account for the Requesting Agency's expense and the Servicing Agency's revenue)								
Straight-line - Provide amount to be accrued \$ and Number of Months								
Accrual Per Work Completed – Identify the accounting posting	period:							
☐ Monthly per work completed & invoiced								
Other - Explain other regular period (bimonthly, quarterly	, etc.) for posting accruals and how the accrual							
amounts will be communicated if other than billed	QUARTERLY							
30. Total Net Order Amount: \$ [All Order Line Net Amounts Due for reimbursable agreements and]								
	Net Total Costs for Assisted Acquisition Agreements (Block 28)							
must sum to this total.] 31. Attachments (State or list attachments.)								
l	Assisted Association Associately							
Key project and/or acquisition milestones (Optional except for Please refer to Appendix B - Translation and/or Interpretation S								
Trouse folia to Appoint in Branch and a major major and in	757 1755 ESTITUTE.							
Other Attachments (Optional)								
BILLING & PAYMEN	T INFORMATION							
32. Payment Method (Check One) [Intra-governmental Payment	t and Collection (IPAC) is the Preferred Method.							
If IPAC is used, the payment method must agree with the IPAC Trad								
☐ Requesting Agency Initiated IPAC ☑ Servicing Agence	cy Initiated IPAC							
☐ Credit Card ☐ Other – Explain	other payment method and reasoning							
33. Billing Frequency (Check One)								
[An Invoice must be submitted by the Servicing Agency and accreimbursed (i.e., via IPAC transaction)]	epted by the Requesting Agency BEFORE funds are							
☐ Monthly ☐ Quarterly ☐ Other Billing Frequency (include explanation)							
24 Payment Towns (Chack One)								
34. Payment Terms (Check One)								
7 days								

IAA Number <u>CPSC-I-15-0011</u> GT&C #	Order#	Servicing Agency's Agreement Tracking Number (Optional)					
35. Funding Clauses/Instructions (Optional) (State and/or list funding clauses/instructions.)							
36. Delivery/Shipping Inform	ation for Prod	lucts (Optional)					
Agency Name		U.S. Consumer Produ	uct Safety Commission				
Point of Contact (POC) Name &	& Title	Sylvia Chen					
POC Email Address		scchen@cpsc.gov					
Delivery Address /Room Numb	per	805					
POC Telephone Number	***************************************	(301) 504-7662					
Special Shipping Information							
	APPR	OVALS AND CONTAC	CT INFORMATION				
37. PROGRAM OFFICIALS The Program Officials, as iden properly defined and can be fu each agency's IAA business pr	tified by the Re Ifilled for this (equesting Agency and Se Order. The Program Offic	ervicing Agency, must ensure that the scope of work is cial may or may not be the Contracting Officer depending on				
***************************************	R	Requesting Agency	Servicing Agency				
Name	Richard O'Bri	ien	Thomas F. Hufford				
Title	Director, Inter	rnational Programs	Director, A/OPR/LS				
Telephone Number	(301) 504-70	54	202-261-8766				
Fax Number							
Email Address	robrien@cps	c.gov	huffordf@state.gov				
SIGNATURE	robrien@cps	SC.gov Dogszy signed by norwing conc.gov CN: animoning conc.gov CN: 2015 DR 20 10 29 15 GATO	John Atta				
Date Signed			9/34/				
38. FUNDING OFFICIALS—The Funds Approving Officials, as identified by the Requesting Agency and Servicing Agency, certify that the funds are accurately cited and can be properly accounted for per the purposes set forth in the Order. The Requesting Agency Funding Official signs to obligate funds. The Servicing Agency Funding Official signs to start the work, and to bill, collect, and properly account for funds from the Requesting Agency, in accordance with the agreement.							
	·	Requesting Agency	Servicing Agency				
Name	Sydney Lucia		Henry F. Lunario				
Title	Funds Contro		Budget Officer				
Telephone Number	(301) 504-72	252	202-261-8792				
Fax Number							
Email Address	slucia@cpsc		lunariohf@state.goV				
SIGNATURE	SYDNEY L	UCIA Sent sente PORTIGO CONTROL CONTRO	Mum a a la				
Date Signed			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				

FMS Form 7600B

DEPARTMENT OF THE TREASURY FINANCIAL MANAGEMENT SERVICE Page 4 of 5

IAA Number CPSC-I-15-0011	- MOD #0001	Servicing Age	ncy's Agreemer	nt				
GT&C # Order # Amendment/Mod # Tracking Number (Optional)								
CONTACT INFORMATION								
FINANCE OFFICE Points of								
	ntact must ensure that the payment (Requon are accurate and timely for this Order.	ting Agency),	billing (Servicin	ng Agency), and				
			Servicing Agency (Billing Office)					
Name	Requesting Agency (Payment Office Debbie Young		. Lunario	ney (bining Office	-)			
Title	Payment Officer	Budget						
Office Address	CPSC Accounts Payable Br, AMZ-16	· -		te, A/OPR/LS, S/	\-∩1			
•	PO Box 25710, Oklahoma City, OK 7	1		ashington, DC 20				
Telephone Number	(405) 954-7468	202-261	-8792					
Fax Number			7					
Email Address	9-AMC-AMZ-CPSC-Accounts-Payab	@ n lunarioh	f@state.gov	111/2 0 10	كالمالح			
Signature & Date (Optional)				Jan awi	2/10/1			
	Contacts (POCs) (as determined by each	Agency)						
This may include CONTRAC	TING Office Points of Contact (POCs).				<u>,</u>			
	Requesting Agency		Servio	cing Agency				
Name	Eddie Ahmad							
Title	CPSC Contracting Officer							
Office Address	4330 East West Highway Bethesda, MD 20814-4408							
Telephone Number	(301) 504-7884							
Fax Number	(978) 244-8640							
Email Address	aahmad@cpsc.gov							
Signature & Date (Optional)	AAhmad STATESTAN							
Name								
Title								
Office Address								
Telephone Number								
Fax Number								
Email Address								
Signature & Date (Optional)								
Name								
Title					······································			
Office Address								
Telephone Number			J. D. A. C. Martin, C.					
Fax Number								
Email Address								
Signature & Date (Optional)								