United States Government  
Interagency Agreement (IAA) – Agreement Between Federal Agencies  
General Terms and Conditions (GT&C) Section

IAA Number: CPSC-I-15-0028  
GT&C #: 0000  
Order #: Amendment/Mod #

<table>
<thead>
<tr>
<th>DEPARTMENT AND/OR AGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Requesting Agency of Products/Services</td>
</tr>
</tbody>
</table>
| Name | CPSC  
US Consumer Product Safety Commission | NCHS/ (AF)  
Centers for Disease Control & Prevention |
| Address | 4330 East West Highway  
Bethesda, Maryland 20814-4408 | 1600 Clifton Rd, Atlanta, GA 30333, USA  
www.cdc.gov |

2. Servicing Agency Agreement Tracking Number (Optional) 15HS15-4086CPCB

3. Assisted Acquisition Agreement Yes ☐ No ☑

4. GT&C Action (Check action being taken)
   ☑ New
   ☐ Amendment – Complete only the GT&C blocks being changed and explain the changes being made.
   ☐ Cancellation – Provide a brief explanation for the IAA cancellation and complete the effective End Date.

5. Agreement Period  
Start Date: 08/07/15  
End Date: 08/06/16  
of IAA or effective cancellation date

6. Recurring Agreement (Check One)  
A Recurring Agreement will continue, unless a notice to discontinue is received.
   Yes ☑ If Yes, is this an: Annual Renewal ☑
   Other Renewal ☐ State the other renewal period: ____________________________
   No ☐

7. Agreement Type (Check One) ☐ Single Order IAA  ☑ Multiple Order IAA

8. Are Advance Payments Allowed for this IAA (Check One) ☐ Yes ☑ No
   If Yes is checked, enter Requesting Agency's Statutory Authority Title and Citation

Note: Specific advance amounts will be captured on each related Order.
United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies
General Terms and Conditions (GT&C) Section

IAA Number: CPSC-I-15-0028

9. Estimated Agreement Amount (The Servicing Agency completes all information for the estimated agreement amount.)
(Optional for Assisted Acquisitions)

Direct Cost $8,534.00
Overhead Fees & Charges $1,466.00
Total Estimated Amount $10,000.00

Provide a general explanation of the Overhead Fees & Charges
Overhead charges (CDC 9%, NCHS 7.5%) supports administrative services
such as rent, utilities, security, maintenance, contract and grants administration,
financial management, information technology, human resources,
telecommunications & IAA oversight. For additional information contact Budget
Operations Branch at ccofservicedesk@cdc.gov.

10. STATUTORY AUTHORITY

a. Requesting Agency’s Authority (Check One)

Franchise Fund Revolving Fund Working Fund Capital Fund Economy Act
(31 U.S.C. 1535/FAR 17.5) Other Authority

Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority
Section 27(g) of the Consumer Product Safety Act, (15 U.S.C. 2070(g)).

b. Servicing Agency’s Authority (Check One)

Franchise Fund Revolving Fund Working Fund Capital Fund Economy Act
(31 U.S.C. 1535/FAR 17.5) Other Authority

Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority
Sec 306 (242K) and Sec 304 (242b) of the Public Health Services Act

11. Requesting Agency’s Scope (State and/or list attachments that support Requesting Agency’s Scope.)

See attached documentation.

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.)

See attached documentation.
13. Restrictions (Optional) (State and/or attach unique requirements and/or mission specific restrictions specific to this IAA). See attached documentation.

14. Assisted Acquisition Small Business Credit Clause (The Servicing Agency will allocate the socio-economic credit to the Requesting Agency for any contract actions it has executed on behalf of the Requesting Agency.)

15. Disputes: Disputes related to this IAA shall be resolved in accordance with instructions provided in the Treasury Financial Manual (TFM) Volume I, Part 2, Chapter 4700, Appendix 10; Intragovernmental Business Rules.

16. Termination (Insert the number of days that this IAA may be terminated by written notice by either the Requesting or Servicing Agency.)

30

If this agreement is canceled, any implementing contract/order may also be canceled. If the IAA is terminated, the agencies shall agree to the terms of the termination, including costs attributable to each party and the disposition of awarded and pending actions.

If the Servicing Agency incurs costs due to the Requesting Agency's failure to give the requisite notice of its intent to terminate the IAA, the Requesting Agency shall pay any actual costs incurred by the Servicing Agency as a result of the delay in notification, provided such costs are directly attributable to the failure to give notice.

17. Assisted Acquisition Agreements – Requesting Agency's Organizations Authorized To Request Acquisition Assistance for this IAA. (State or attach a list of Requesting Agency's organizations authorized to request acquisition assistance for this IAA.)

18. Assisted Acquisition Agreements – Servicing Agency's Organizations authorized to Provide Acquisition Assistance for this IAA. (State or attach a list of Servicing Agency's organizations authorized to provide acquisition for this IAA.)

Sec 306 (242K) and Sec 304 (242b) of the Public Health Services Act

19. Requesting Agency Clause(s) (Optional) (State and/or attach any additional Requesting Agency clauses.)
20. Servicing Agency Clause(s) (Optional) (State and/or attach any additional Servicing Agency clauses.)

21. Additional Requesting Agency and/or Servicing Agency Attachments (Optional) (State and/or attach any additional Requesting Agency and/or Servicing Agency attachments.)

22. Annual Review of IAA

By signing this agreement, the parties agree to annually review the IAA if the agreement period exceeds one year. Appropriate changes will be made by amendment to the GT&C and/or modification to any affected Order(s).

AGENCY OFFICIAL

The Agency Official is the highest level accepting authority or official as designated by the Requesting Agency and Servicing Agency to sign this agreement. Each Agency Official must ensure that the general terms and conditions are properly defined, including the stated statutory authorities, and, that the scope of work can be fulfilled per the agreement.

The Agreement Period Start Date (Block 5) must be the same as or later than the signature dates.

Actual work for this IAA may NOT begin until an Order has been signed by the appropriate individuals, as stated in the Instructions for Blocks 37 and 38.

<table>
<thead>
<tr>
<th>Requesting Agency</th>
<th>Servicing Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Eddie Ahmad</td>
<td>Michael H. Sadagursky</td>
</tr>
<tr>
<td>Title</td>
<td>Title</td>
</tr>
<tr>
<td>CPSC Contracting Officer</td>
<td>Management Officer, NCHS</td>
</tr>
<tr>
<td>Telephone Number(s)</td>
<td>Telephone Number(s)</td>
</tr>
<tr>
<td>(301) 504-7884</td>
<td>(301) 458-4725</td>
</tr>
<tr>
<td>Fax Number</td>
<td>Fax Number</td>
</tr>
<tr>
<td>(301) 978-8640</td>
<td>(301) 458-4950</td>
</tr>
<tr>
<td>Email Address</td>
<td>Email Address</td>
</tr>
<tr>
<td><a href="mailto:Aahmad@cpsc.gov">Aahmad@cpsc.gov</a></td>
<td><a href="mailto:MSadagursky@cdc.gov">MSadagursky@cdc.gov</a></td>
</tr>
<tr>
<td>SIGNATURE</td>
<td>SIGNATURE</td>
</tr>
<tr>
<td>Approval Date</td>
<td>Approval Date</td>
</tr>
<tr>
<td>8/7/15</td>
<td>3/01/15</td>
</tr>
</tbody>
</table>
**United States Government**

**Interagency Agreement (IAA) – Agreement Between Federal Agencies**

**Order Requirements and Funding Information (Order) Section**

**IAA Number** CPSC-I-15-0028  
**GT&C #**  
**Order #**  
**Amendment/Mod #**  
**Servicing Agency’s Agreement**  
**Tracking Number (Optional)** 15HS15-4086CPC

### PRIMARY ORGANIZATION/OFFICE INFORMATION

<table>
<thead>
<tr>
<th>24.</th>
<th>Requesting Agency</th>
<th>Servicing Agency</th>
</tr>
</thead>
</table>
| **Primary Organization/Office Name** | CPSC  
US Consumer Product Safety Comm. | NCHS/AF  
Centers for Disease Control & Prev |
| **Responsible Organization/Office Address** | 4330 East West Highway  
Baltimore, Maryland 20814-4408 | 1600 Clifton Rd, Atlanta, GA 30333 USA  
www.cdc.gov |

### ORDER/REQUIREMENTS INFORMATION

25. **Order Action** (Check One)

- [ ] 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.

- [ ] 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

<table>
<thead>
<tr>
<th>Line #</th>
<th>Line #</th>
<th>Line #</th>
<th>Total of All Other Lines (attach funding details)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original Line Funding</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Cumulative Funding Changes From Prior Mods (addition (+) or reduction (-))</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Funding Change for This Mod</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL Modified Obligation</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Advance Amount (-)</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Net Modified Amount Due</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

#### 27. Performance Period

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/07/15</td>
<td>08/06/16</td>
</tr>
</tbody>
</table>

For a performance period mod, insert the start and end dates that reflect the new performance period.
### 28. Order Line/Funding Information

<table>
<thead>
<tr>
<th>Requesting Agency Funding Information</th>
<th>Line Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALC</strong> 61-00-0001</td>
<td><strong>Servicing Agency Funding Information</strong> 75-09-0421</td>
</tr>
<tr>
<td><strong>Component TAS</strong> 61-0100 by 10/01/14</td>
<td></td>
</tr>
<tr>
<td><strong>OR Current TAS format</strong> 61-0100</td>
<td><strong>75-X-0843</strong></td>
</tr>
<tr>
<td><strong>BETC</strong> DISB</td>
<td><strong>COLL</strong></td>
</tr>
<tr>
<td><strong>Object Class Code (Optional)</strong> TIN: 520978750</td>
<td>25.12</td>
</tr>
<tr>
<td><strong>BPN</strong> OUNS: 069287522</td>
<td>DUNS: 927645455 EIN: 58-6051157</td>
</tr>
<tr>
<td><strong>BPN + 4 (Optional)</strong></td>
<td>Fund Value: 09035020150RED</td>
</tr>
<tr>
<td><strong>Additional Accounting Classification/Information (Optional)</strong> 0100A15DSE 20151332700000</td>
<td>Budget Activity: 5550RF1101 Admin: HCPCB CANS: Crosscut: 24111 PGW: 12111 CDC: 24111 NCHS</td>
</tr>
<tr>
<td><strong>Requesting Agency Funding Expiration Date 09-30-2015</strong></td>
<td><strong>Requesting Agency Funding Cancellation Date 09-30-2020</strong></td>
</tr>
</tbody>
</table>

**Project Number & Title**: Federal Interagency Forum on Aging Related Statistics

**Description of Products and/or Services, including the Bona Fide Need for this Order** (State or attach a description of products/services, including the bona fide need for this Order.)

To provide funds to support the production of the Older Americans: Key Indicators of Well-Being Report and related publications. The purpose of these reports is to provide a summary of national indicators of older adults' well-being in an easy to use, non-technical format and to document activities related to the expansion of research that supports the development of indicators, the evaluations of indicators, and efforts to close data gaps. In addition, such reports serve to improve both the quality and use of Federal data on aging by identifying information gaps, data inconsistencies, and data integration issues.

**North American Industry Classification System (NAICS) Number (Optional)**

**Breakdown of Reimbursable Line Costs**

<table>
<thead>
<tr>
<th>Breakdown of Assisted Acquisition Line Cost:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unit of Measure</strong></td>
</tr>
<tr>
<td><strong>Quantity</strong></td>
</tr>
<tr>
<td><strong>Overhead Fees &amp; Charges</strong></td>
</tr>
<tr>
<td><strong>Advance Line Amount (-)</strong></td>
</tr>
</tbody>
</table>

**Type of Service Requirements**

- [ ] Seervable Service  
- [x] Non-seervable Service  
- [ ] Not Applicable

**FMS Form 7600B**
29. Advance Information (Complete Block 29 if the Advance Payment for Products/Services was checked "Yes" on the GT&C.)

Total Advance Amount for the Order $____________________ [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

30. Total Net Order Amount: $5,000.00
[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.)

☐ Key project and/or acquisition milestones (Optional except for Assisted Acquisition Agreements)

☐ Other Attachments (Optional)

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BILLING & PAYMENT INFORMATION

32. Payment Method (Check One) [Intra-governmental Payment and Collection (IPAC) is the Preferred Method.]

If IPAC is used, the payment method must agree with the IPAC Trading Partner Agreement (TPA).

☐ Requesting Agency Initiated IPAC ☑ Servicing Agency 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 accepted by the Requesting Agency BEFORE funds are reimbursed (i.e., via IPAC transaction)]

☑ Monthly ☐ Quarterly ☐ Other Billing Frequency (include explanation) Based on the underlying activities of the IAA

34. Payment Terms (Check One) CDC will not IPAC customers nor will customers IPAC CDC during the last 3 business days of the fiscal year.

☑ 7 days ☐ Other Payment Terms (include explanation):
35. Funding Clauses/Instructions (Optional) (State and/or list funding clauses/instructions.)

36. Delivery/Shipping Information for Products (Optional)
- Agency Name
- Point of Contact (POC) Name & Title
- POC Email Address
- Delivery Address / Room Number
- POC Telephone Number
- Special Shipping Information

APPROVALS AND CONTACT INFORMATION

37. PROGRAM OFFICIALS
The Program Officials, as identified by the Requesting Agency and Servicing Agency, must ensure that the scope of work is properly defined and can be fulfilled for this Order. The Program Official may or may not be the Contracting Officer depending on each agency's IAA business process.

<table>
<thead>
<tr>
<th>Requesting Agency</th>
<th>Servicing Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Kathleen Stralka</td>
</tr>
<tr>
<td>Title</td>
<td>AED for Epidemiology</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(301) 504-7416</td>
</tr>
<tr>
<td>Fax Number</td>
<td>(301) 458-4500</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:kstralka@cpsc.gov">kstralka@cpsc.gov</a></td>
</tr>
<tr>
<td>SIGNATURE</td>
<td>07/31/15</td>
</tr>
<tr>
<td>Date Signed</td>
<td>07/30/15</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Requesting Agency</th>
<th>Servicing Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>James Baker</td>
</tr>
<tr>
<td>Title</td>
<td>Budget Officer</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(301) 504-7575</td>
</tr>
<tr>
<td>Fax Number</td>
<td>(301) 458-4725</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:jbaker@cpsc.gov">jbaker@cpsc.gov</a></td>
</tr>
<tr>
<td>SIGNATURE</td>
<td>8/15/2015</td>
</tr>
<tr>
<td>Date Signed</td>
<td>8/15/2015</td>
</tr>
</tbody>
</table>
### CONTACT INFORMATION

**FINANCE OFFICE Points of Contact (POCs)**
The finance office points of contact must ensure that the payment (Requesting Agency), billing (Servicing Agency), and advance/accounting information are accurate and timely for this Order.

<table>
<thead>
<tr>
<th>39.</th>
<th>Requesting Agency (Payment Office)</th>
<th>Servicing Agency (Billing Office)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Debbie Young</td>
<td>Shell Smalling</td>
</tr>
<tr>
<td>Title</td>
<td>Payment Officer</td>
<td>Accountant</td>
</tr>
<tr>
<td>Office Address</td>
<td>CPSC Accounts Payable Br., AMZ-160 P.O. BOX 25710</td>
<td>University Park, Columbia Building 2900 Woodcock Blvd Atlanta, GA 30341</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(405) 964-7467</td>
<td>(678) 475-4595</td>
</tr>
<tr>
<td>Fax Number</td>
<td>(678) 475-4590</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td>9-AMC-AMZ-CPSC-Accounts Payable@</td>
<td><a href="mailto:SSmalling@cdc.gov">SSmalling@cdc.gov</a></td>
</tr>
</tbody>
</table>

**40. ADDITIONAL Points of Contacts (POCs) (as determined by each Agency)**
This may include CONTRACTING Office Points of Contact (POCs).

<table>
<thead>
<tr>
<th>Requesting Agency</th>
<th>Servicing Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Eddie Ahmad</td>
</tr>
<tr>
<td>Title</td>
<td>CPSC Contracting Office</td>
</tr>
<tr>
<td>Office Address</td>
<td>4330 East West Highway Bethesda, Maryland 20814-4408</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(301) 504-7884</td>
</tr>
<tr>
<td>Fax Number</td>
<td>(301) 244-8640</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:Aahmad@cpsc.gov">Aahmad@cpsc.gov</a></td>
</tr>
</tbody>
</table>

| Name | Traci Cook | Leonard Horning |
| Title | Project Manager | Budget Team Lead |
| Office Address | 3311 Toledo Rd Hyattsville, MD 20782 | 3311 Toledo Rd Hyattsville, MD 20782 |
| Telephone Number | (301) 458-4082 | (301) 458-4388 |
| Fax Number | (301) 458-4238 | (301) 458-4283 |
| Email Address | tcook@cdc.gov | LHorning@cdc.gov |

Signature & Date (Optional)
INTERAGENCY AGREEMENT
BETWEEN
NATIONAL CENTER FOR HEALTH STATISTICS
Centers for Disease Control and Prevention
(NCHS agreement #15-HS15-4086-CPCB)
AND
US CONSUMER PRODUCT SAFETY COMMISSION

TITLE
Support for the production of the Older Americans: Key Indicators of Well-Being Report and other related publications

ARTICLE I - PURPOSE:
To provide funds to support the production of the Older Americans: Key Indicators of Well-Being Report and related publications. The purpose of this report and other similar reports is to provide a summary of national indicators of Older Americans: Key Indicators of Well-Being in an easy to use, non-technical format. In addition, the publication of such reports serves to improve both the quality and use of Federal data on Americans aged 65 years and older by identifying information gaps, data inconsistencies, and data integration issues. CPSC’s support for this publication promotes research and investigation into the causes and prevention of product-related deaths, illnesses and injuries.

ARTICLE II - SCOPE OF AGREEMENT AND DESCRIPTION OF WORK
Support will be provided for staff oversight of the preparation of the annual Older Americans: Key Indicators of Well-Being report and other relevant, periodic publications. Support will be provided for costs associated with producing, printing, and disseminating such publications, which includes, but is not limited to, tasks such as the following: graphic design and layout; obtaining, reviewing and formatting data from agencies; copy editing; reviewing draft versions of reports. Such tasks may be provided through contracting additional logistical support as necessary.

ARTICLE III - PERIOD OF AGREEMENT
The Period of Performance for this agreement shall be in effect from the date signed by both parties through August 6, 2016. This agreement may be terminated by either agency upon a 30-day advance written notice. This agreement may be modified by mutual written consent of all parties.
ARTICLE IV - AUTHORITY

The authorities for this agreement are Sections 304 and 306 of the Public Health Service Act [42 U.S.C. and 242b and 242k] and Sections 251 of the Juvenile Justice and Delinquency Prevention Act [42 U.S.C. 5661].

For CPSC: Section 27(g) of the Consumer Product Safety Act, (15 U.S.C. 2076(g)).

ARTICLE V - ESTIMATED COST

The cost for this project for the period of performance is estimated at $5,000.00. Any adjustments to this estimated cost will be executed through amendment to this agreement.

ARTICLE VI - DISPUTES

If a dispute related to funding remains unresolved for more than 30 calendar days after the parties have engaged in an escalation of the dispute, disputes will be resolved in accordance with instructions provided in the Treasury Financial Manual (TFM) Volume 1, Part 2, Chapter 4700, Appendix 10, available at http://www.fms.treas.gov/tfm/index.html, or subsequent guidance.

ARTICLE VII - BILLING SCHEDULE

CPSC will provide $5,000.00 to NCHS by means of the Intra-governmental Payment and Collection (IPAC) system. The following appropriate accounting information for the CPSC and NCHS will be cited in all (quarterly) billing documents:

<table>
<thead>
<tr>
<th>CPSC</th>
<th>NCHS/CDC</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALC: 61-00-001</td>
<td>75-09-0421</td>
</tr>
<tr>
<td>Current TAS: 61-0100</td>
<td>75-X-0943</td>
</tr>
<tr>
<td>BPN:</td>
<td>927645465</td>
</tr>
<tr>
<td>TIN: 520978750</td>
<td>EIN: 58-6051157</td>
</tr>
<tr>
<td>DUNS: 069287522</td>
<td></td>
</tr>
<tr>
<td>US TREAS. CODE: 61150100</td>
<td></td>
</tr>
<tr>
<td>ACCT. DATA: 0100A15DSE 2015 1332700000</td>
<td>EXHR004300 25310 - $5,000.00</td>
</tr>
</tbody>
</table>

ARTICLE VIII: EQUIPMENT and TRAVEL

Unless otherwise requested by the procuring agency, CDC will retain title to any equipment procured in order to provide service. Travel under this agreement is subject to the allowances authorized in accordance with the Federal Travel Regulations, the Joint Federal Travel Regulations and/or the Foreign Service Regulations.
ARTICLE IX: CONFIDENTIAL REQUIREMENTS

A. All documents and other materials developed pursuant to this Agreement shall have appropriate statements to indicate that the work was performed pursuant to the Agreement by NCHS; that the documents and other materials produced are the views of the staff or members (present or past) of NCHS; and that although the documents and other materials may have been developed in conjunction with CPSC staff, the documents and other materials do not necessarily represent the views of the Consumer Product Safety Commission.

B. Any publications of or publicity pertaining to the work performed under this Agreement shall include the following:

“This study was supported in part by an interagency agreement between the National Center for Health Statistics (NCHS) and the Consumer Product Safety Commission (CPSC-I-15-0028) as a collaborative activity. The content of this publication does not necessarily reflect the views of the Commission, nor does mention of trade names, commercial products, or organizations imply endorsement by the Commission”.

ARTICLE X: CONDITION OF AGREEMENT

NCHS will undertake the work described above in accordance with the provisions of this Statement of Work and the NCHS General Conditions of Agreement attached herewith (Attachment 1).

ARTICLE XI: CONTACTS:

Project Officers:

CPSC
Kathleen Stralka
Associate Executive Director for EPI
US Consumer Product Safety Commission
4330 East West Highway
Bethesda, MD 20814-7416
Phone: (301) 504-7416
FAX: 
E-mail: kstralka@cpsc.gov

CDC/NCHS
Jennifer Madans, Ph.D.
Associate Director for Science
National Center for Health Statistics
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ACCEPTANCE:

US Consumer Product Safety Commission

Approving Official: 

Eddie Ahmad  
CPSC Contracting Officer  
8/7/15

Date

National Center for Health Statistics

Approving Official: 

Michael H/Sadagursky  
Management Officer  
7/30/15

Date
ATTACHMENT I

NCHS/CDC GENERAL CONDITIONS OF AGREEMENT

1. The performance of the work or services involved is authorized only to the extent that it is consistent with the public duties and obligations of the National Center for Health Statistics, Centers for Disease Control (NCHS/CDC). The right is reserved, therefore, to reject or terminate all or any part of the agreement and to return the unused balance of funds advanced if the exigencies of the public interest should require such action. NCHS/CDC authority for the performance of work under this agreement is contained in Sections 304 and 306 of the PHS Act.

2. The ability of the National Center for Health Statistics to perform work may be impaired by employment ceilings, federal reports act requirements, reductions in force, temporary furloughs, controls imposed by the Office of Management and Budget, Executive Order, Congressional action or similar constraints. Although NCHS/CDC will make every reasonable effort to adhere to the timing and other requirements specified in this agreement, this may not be possible for the above reasons. If and when such difficulties are encountered, NCHS/CDC will notify the collaborating organization and explore actions to be taken which include changes in work specifications, schedule stretch outs, or discontinuance of work.

3. It is assumed that the cost to the collaborating organization for performance of work under this agreement will not exceed the estimated cost set forth herein, and NCHS/CDC agrees to use its best efforts to perform the work specified in the agreement and all obligations under this agreement within such estimated cost. If at any time NCHS/CDC has reason to believe that actual cost to the collaborating organization for performance of work under the agreement will be greater or substantially less than the estimated cost, NCHS/CDC shall notify the collaborating organization in writing to that effect, giving the revised estimate of total cost for the performance of this agreement.

4. The confidentiality provisions of the PHS Act (42 USC 242m), the Privacy Act of 1974, CIPSEA (PL 107-347 Section 513), and the applicable policies and procedures of NCHS/CDC, as specified in the NCHS Staff Manual on Confidentiality and appropriate NCHS Staff Manual Guides, will be followed in carrying out work under this agreement to ensure against direct or indirect disclosures of information. It is emphasized that data and data tapes developed in the performance of work under this agreement must not be released without prior NCHS/CDC approval.

5. If this agreement is canceled, any implementing contract/order may also be canceled. If the IAA is terminated, the agencies shall agree to the terms and the termination, including costs attributable to each party and the disposition of awarded and pending actions.