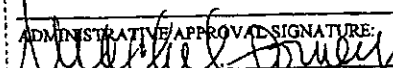
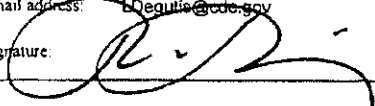
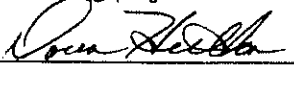


Paula Gilbert:
11/2/2012 2:57:08 PM
CDC
CENTERS FOR DISEASE CONTROL
AND PREVENTION

1. CDC IAA #: (10 to 13 digits) 13FED1303572	2. PARTICIPATING AGENCY IAA #: CPSC_IAG-01-1163	3. TYPE OF AGREEMENT: ☒ New ☐ Modification ☐ Administrative Modification Number: 0					
4. TITLE OF PROJECT: National Electronic Injury Surveillance System (NEISS) Special Study of Assault							
5. DESCRIPTION OF WORK: (Please attach) See Attached Statement of Work	6. AMOUNT: (Not to exceed without written modification) \$ 154,350.00						
7. NAME AND ADDRESS OF PARTICIPATING FEDERAL AGENCY: U.S. Consumer Product Safety Commission (USCPSC) 4330 East West highway, Room 604H Bethesda, MD 20814-4408 DUNS #069287522	LIAISON NAME: Tom Schroeder EMAIL ADDRESS: TSchroeder@cpsc.gov	PHONE #: (301) 504-7431 FAX #: (301) 504-0038					
8. NAME AND ADDRESS OF CDC, CENTER, INSTITUTE OR OFFICE: Centers for Disease Control and Prevention National Center for Injury Prevention and Control/OSP 4770 Buford Highway, Mailstop Atlanta, GA 30341-3724 DUNS #927645465	LIAISON NAME: Lisa Kiser EMAIL ADDRESS: LKiser@cdc.gov	PHONE #: 770.488.4805 FAX #: 770.488.1665					
9. PROJECT PERIOD: From: 10/1/2012 Through: 9/30/2017	FUNDING PERIOD: From: 10/1/2012 Through: 9/30/2013						
10. CDC AUTHORITY: ☒ Economy Act approved June 30, 1932, as amended by 31 U.S.C. 1535 and 1536 (See also item #14) ☐ Other (Please specify) _____							
11. PARTICIPATING AGENCY AUTHORITY:							
12. CDC FUNDING INFORMATION: FOR CDC USE ONLY (CDC Internal form 6012 - modified Document History Record)		APPROPRIATION NUMBER: 75-13-0952					
T.C. (For Accounting Use Only)	FY (2 digits) (Required)	DOC.REF. (For Accounting Use Only)	DOC.NO. (Original 10 digits) (Required)	CAN (7 digits) (Required)	OC (5 digits) (Required)	BACS (10 digits) (For Budget Use Only)	\$ AMOUNT
050	13	214	13FED1303572	939ZSGT	25101	5616111101	\$154,350.00
6012 ADMINISTRATIVE APPROVAL NAME and EMAIL ADDRESS: (Please print) Machel Forney MForney@cdc.gov						FMO BUDGET ANALYST SIGNATURE: 	
(Should not be the same as Block #18)							

	DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service Centers for Disease Control and Prevention INTER/INTRA-AGENCY AGREEMENT (IAA) Payable Agreements (CDC is Procuring Agency)	 CDC CENTERS FOR DISEASE CONTROL AND PREVENTION
CDC IAA #: 13FED1303572		
13. ADMINISTRATIVE BILLING REQUIREMENTS: CDC's ALC is 75090421 . Other Agency's ALC: (required) 61000001 Billing is to be made through the use of the Online Payment and Collection (OPAC) system. Please include CDC's Official IAA # from Block #1 on all OPAC billings and correspondence. When CDC provides funds to the performing agency, in advance of receiving the goods or services, the performing agency agrees to provide, within 15 days of the end of each quarter, statements of obligations and expenditures made during the quarter. The statements shall be provided to the following address: DHHS, CDC, FMO, AP, Attn: ADVANCES/OPAC Desk, MS D-06, 1600 Clifton Road, Atlanta, GA 30333. (If required by other agency, CDC's Tax Identification # is 586051157.)		
14. ADDITIONAL BILLING REQUIREMENTS: <i>(This block must be completed if procuring services under the Economy Act.)</i> ☒ All funds provided by CDC under this agreement must be obligated by the performing agency by the end of the FY in which the funds expire. Any unobligated but expired funds may not be used to fund services in subsequent periods. The CDC Financial Management Office (FMO) must be notified of any unobligated funds pertaining to this agreement at least 15 days before the end of the FY so that the agreement may be modified to reduce the funding amount when appropriate. This notification shall be provided to the following address: DHHS, CDC, FMO, AP, Attn: OPAC Desk, MS D-06, 1600 Clifton Road, Atlanta, GA 30333.		
15. PARTICIPATING AGENCY FUNDING and/or INFORMATION: <i>(Please include name, telephone number, and email address of contact person.)</i> Name: Priscila Susi Telephone #: (301) 504-7566 Email: psusi@cpsc.gov		
16. ☒ The participating agency as a signatory to the Common Rule states that in accepting these Interagency Agreements funds, it will abide by the human subjects Research requirements stated in the Common Rule and certify that all necessary assurances and institutional review board (IRB) approvals are obtained. ☐ The participating agency is NOT a signatory to the Common Rule. Upon issuance of these Interagency Agreement funds, it is the responsibility of the CDC Center, Institute, or Office (CIO) to certify that all necessary assurances and institutional review board (IRB) approvals are obtained. The CIO Associate Director for Science (ADS) must determine the Applicability of Human Subjects Regulations.		
17. OTHER REQUIREMENTS: A. Travel under this agreement is subject to allowances authorized in accordance with Federal Travel Regulations, Joint Federal Travel Regulations, and/or Foreign Service Regulations. B. CDC will retain the title to any equipment procured under this agreement, unless otherwise justified in the statement of work.		
18. CDC ACCEPTANCE: <i>(please print)</i> Name: Linda DeGutis, DrPH, MSN Title: Director, NCIPC Email address: ldegutis@cdc.gov Signature:  Date: 11/20/12	19. PARTICIPATING AGENCY ACCEPTANCE: <i>(please print)</i> Name: Donna Hutton Title: Contracting Officer Email address: dhutton@cpsc.gov Signature:  Date: 11/30/12	
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.		

**INTERAGENCY AGREEMENT BETWEEN
THE CONSUMER PRODUCT SAFETY COMMISSION (CPSC)
AND
THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)
(13FED1303572)**

This document sets forth the terms of agreement for services, supplies, and/or material between the U.S. Consumer Product Safety Commission (CPSC) and the Department of Health and Human Services (DHHS), Centers for Disease Control and Prevention (CDC).

This document serves as a modification Interagency Agreement between the CDC and CPSC covering the expansion of the National Electronic Injury Surveillance System All Injury Program (NEISS-AIP) to collect data on all injuries.

This agreement covers a special study entitled: "The NEISS Special Study of Assault" which is outlined below. Additional documentation is attached as Appendices.

I. DESCRIPTION OF SERVICES

NEISS SPECIAL STUDY OF INTERPERSONAL VIOLENCE

Background:

Annually about 18,000 deaths in the US are due to homicide. Many more people are injured in non-fatal violence. Of these, many seek treatment at emergency departments (EDs). During 2002 there were more than 1.6 million ED visits due to assault. Of these, about 40% were females and 24% were aged 17 years or younger. More information is needed on non-fatal injuries due to assault, especially on different types of violence such as intimate partner violence (IPV), sexual violence (SV) and child maltreatment (CM).

It is proposed that data collection continue using a second screen on assault that was developed, tested and added to the NEISS-AIP data collection system in order to:

- Provide more data on the circumstances of assault in general among persons presenting to EDs for interpersonal violence, in addition to what is available in the NEISS-AIP screen;
- Obtain more information for different types of assault, including IPV, SV and CM;
- Act as an early warning system on emerging trends in regard to assault; and
- Provide data on assault cases presenting to EDs to inform more in-depth studies.

Purpose:

This proposal concerns the continuation of data collection on interpersonal violence (IV) using the specifically designed special screen on assault for cases treated in participating NEISS-AIP hospitals.

Methods:

1. Data collection

- a. **Description:** Continue to collect data on cases of assault seen at NEISS-AIP hospitals, by using the second screen on assault.
- b. **Sample:** All hospitals participating in NEISS-AIP.
- c. **Case definition:** All cases where Intent=1 (Assault/intentional injury, confirmed or suspected) is to be included.
- d. **Schedule:** The data collection will continue till the end of **September 2013**.
- e. **Analysis** of the data will be done by CDC and results shared fully with CPSC.

II. DURATION OF AGREEMENT

This agreement is approved from the date of signature for both agencies through **September 30, 2013**.

III. ESTIMATED COSTS

Estimated costs are \$154,350.00. This cost estimate is broken down into the following sub-categories:

Data collection and provision of data to CDC	\$154,350.00
Total	\$154,350.00

IV. FUNDING

All funds provided by CDC in this agreement must be obligated by the performing agency by the end of the fiscal year in which the funds expire. Any unobligated but expired funds may not be used to fund services in subsequent periods. The CDC Financial Management Office (FMO) must be notified of any unobligated funds pertaining to this agreement at least 15 days before the end of the fiscal year so that the agreement can be amended to reduce the obligated amount when appropriate. The notification must be provided to the address cited below (in paragraph V). **THIS AGREEMENT IS SUBJECT TO FUND AVAILABILITY.**

V. ACCOUNTING AND BILLING INFORMATION

Funds for this project for **FY2013** in the amount not to exceed \$154,350.00 will be transferred to CPSC via OPAC using the following account data:

	<u>From</u>	<u>To</u>
Agency	CDC	CPSC
Agency Symbol	75-09-0421	61000001
Appropriation	75-13-0943	0100A13RSE 2013 1117900000 EXHR004310 252E0
CAN	939ZSGT	6130100
Object Class	25101	252E0
Amount	\$154,350.00	\$154,350.00

When billing CDC through the OPAC system, CPSC will reference agreement number 13FED1303572.

When funds are provided to the performing agency in advance of services being performed or goods being delivered, the performing agency is required to provide, within 15 days of the end of each quarter, statements of obligations and expenditures made during the quarter. These statements are also provided to the address below:

CDC, FMO
Attn: OPAC Desk
1600 Clifton Road, MS D-06
Atlanta, GA 30333

VI. EQUIPMENT

There is no equipment to be covered under this agreement.

VII. TRAVEL

There is no travel involved in this agreement.

VIII. CONFLICT WITH EXISTING AGREEMENTS

There is no duplication or conflict with existing agreements, policy, or statute.

IX. PROGRAM CONTACTS

CDC: Annie Howerton
NCIPC, DVP (K60)
4770 Buford Highway, NE
Atlanta, Georgia 30341-3724
(770) 488-1282

CPSC: Tom Schroeder
CPSC
4330 East West Highway, Rm 604D
Bethesda, MD 20814-4408
(301) 504-7431

X. BUDGET CONTACTS

CDC: Brigetta Jones
NCIPC/OD (F-63)
4770 Buford Highway, NE
Atlanta, Georgia 30341-3724
(770) 488-1477

CPSC: Lynette Bryant
Contracting Officer, CPSC
4330 East West Highway, Rm 517
Bethesda, MD 20814-4408
(301) 504-0444

XI. MODIFICATION AND CANCELLATION

This agreement may be modified by mutual consent of both parties or canceled upon 60 days advance written notice by either party.

XII. AUTHORITY

This agreement is entered into under Section 601 of the Economy Act, as amended (31 U.S.C. 1535) and the Consumer Product Safety Act.

APPENDIX A: Proposed questions for NEISS-AIP 'Assault' screen

These questions apply for all cases where Intent=1 (Assault, confirmed or suspected)

Hospital name, Case ID Number, Treatment date, Hosp ID Number, Patient's age

1. Time of arrival at ED (24 hour clock)
2. Who was the perpetrator(s)/counterpart(s) involved in the assault?
[Please provide the text describing all perpetrator(s) involved in the assault]

3. How many perpetrators/counterparts were involved?
 - One
 - Two or more
 - Unknown/Not stated/No information
4. What was the sex of the perpetrator(s)/counterpart(s)?
 - Male [Includes terms such as man, boy, father, boyfriend]
 - Female [Includes terms such as woman, girl, mother, girlfriend]
 - Both
 - Unknown/Not stated/No information
5. Was the perpetrator(s)/counterpart(s) a peer of the patient?
 - Yes [Includes terms such as classmate, colleague, etc.]
 - No
 - Unknown/Not stated/No information

If this case involved violence against a child (0-17 years) please answer Question 6.
Note: on the final computer 2nd screen this item would read as a yes/no question with a skip pattern set up (e.g. Did this incident involve violence against a child).

6. Was the case referred to CPS (Child Protective Services)?
 - Yes
 - No (please specify why case was not referred, if known)

 - Unsure
 - Unknown/Not stated/No information

If this case involved a sexual assault please answer Questions 7-9 below.

Note: on the final computer 2nd screen this item would read as a yes/no question with a skip pattern set up.

7. Was an examination done by a SANE (Sexual Assault Nurse Examiner)/SART (Sexual Assault Resource Team) nurse?

- Yes
- No (please specify why an exam was not done, if known *e.g. patient declined*)

- Unsure
- Unknown/Not stated/No information

8. Were prophylactic antibiotics provided to the patient?

- Yes
- No (please specify why not provided, if known *e.g. patient declined*)

- Unsure
- Unknown/Not stated/No information

9. Was emergency contraception provided?

- Yes
- No (please specify why not provided, if known *e.g. patient not at risk for pregnancy, patient declined, etc.*) _____
- Unsure
- Unknown/Not stated/No information