

**United States Government  
Interagency Agreement (IAA) – Agreement Between Federal Agencies  
Order Requirements and Funding Information (Order) Section**

IAA Number 14FED1405483 - 0002 - \_\_\_\_\_ Servicing Agency's Agreement  
 GT&C #                      Order # Amendment/Mod # Tracking Number (Optional) CPSCIAG-92-1117

**PRIMARY ORGANIZATION/OFFICE INFORMATION**

<b>24.</b>	<b>Requesting Agency</b>	<b>Servicing Agency</b>
Primary Organization/Office Name	CENTERS FOR DISEASE CONTROL AND PREVENTION	US CONSUMER PRODUCT SAFETY COMMISSION (USCPCSC)
Responsible Organization/Office Address	1600 CLIFTON ROAD ATLANTA, GA 30033	4330 EAST WEST HIGHWAY, 502B BETHESDA, MD 20814-4408

**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.

<b>26. Funding Modification Summary by Line</b>	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	\$	\$	\$	\$0.00
Funding Change for This Mod	\$	\$	\$	\$	\$0.00
<b>TOTAL Modified Obligation</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Total Advance Amount (-)	\$	\$	\$	\$	\$0.00
<b>Net Modified Amount Due</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**27. Performance Period**                      Start Date      10-01-2014                      End Date      09-30-2015  
 For a performance period mod, insert the start and end dates that reflect the new performance period.                      MM-DD-YYYY                      MM-DD-YYYY

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28. Order Line/Funding Information										Line Number _____								
Requesting Agency Funding Information										Servicing Agency Funding Information								
ALC		75090421								61000001								
Component TAS Required by 10/1/2014		SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	
OR Current TAS format		7515 0952								0100A15RSE2015 *see below under addtl acct								
BETC		DISB								COLL								
Object Class Code (Optional)		25327																
BPN		DUNS 927645465/EIN 58-6051157								069287522/TIN: 520978750								
BPN + 4 (Optional)																		
Additional Accounting Classification/Information (Optional)		939ZSGT 561611101								*1117900000-EXHR004310-252E0								
Requesting Agency Funding Expiration Date 09-30-2015 MM-DD-YYYY										Requesting Agency Funding Cancellation Date 09-30-2020 MM-DD-YYYY								
National Electronic Injury Surveillance System (NEISS) Firearms Injury Study																		
<b>Project Number &amp; Title</b>																		
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.) I hereby certify that (a) this requirement represents a bona fide need of the fiscal year or years for which the appropriation was made and complies with the Anti-deficiency Act and (b) funds are committed for the base period or first increment of performance of this acquisition.																		
North American Industry Classification System (NAICS) Number (Optional) _____																		
Breakdown of Reimbursable Line Costs									OR Breakdown of Assisted Acquisition Line Cost:									
Unit of Measure								Contract Cost		\$								
Quantity		Unit Price		Total				Servicing Fees		\$								
1		\$14,892.00		\$ 14,892.00				Total Obligated Cost		\$ 0.00								
Overhead Fees & Charges		\$ 40,500.00						Advance for Line (-)		\$								
Total Line Amount Obligated		\$ 55,392.00						Net Total Cost		\$ 0.00								
Advance Line Amount (-)		\$						Assisted Acquisition Servicing Fees Explanation										
Net Line Amount Due		\$ 55,392.00																
<b>Type of Service Requirements</b>																		
<input checked="" type="checkbox"/> Severable Service <input type="checkbox"/> Non-severable Service <input type="checkbox"/> Not Applicable																		

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**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:** \$ 55,392.00

[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)  
see SOW and Determination & Finding 14FED1405483-0002

**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) \_\_\_\_\_

**34. Payment Terms** (Check One)

- 7 days
- Other Payment Terms (include explanation): \_\_\_\_\_

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**35. Funding Clauses/Instructions** (Optional) (State and/or list funding clauses/instructions.)

Funds on this order cannot be used to pay for services delivered before the start date or after the end date of the performance period in block 27.

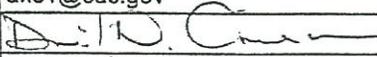
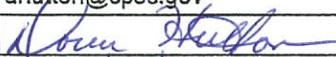
**36. Delivery/Shipping Information for Products** (Optional)

Agency Name	
Point of Contact (POC) Name & Title	
POC Email Address	
Delivery Address /Room Number	
POC Telephone Number	
Special Shipping Information	

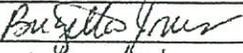
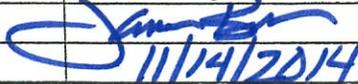
**APPROVALS AND CONTACT INFORMATION**

**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.

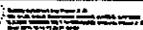
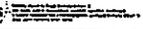
	Requesting Agency	Servicing Agency
Name	Daniel Cameron	Donna Hutton
Title	Management Official, NCIPC	Contracting Officer
Telephone Number	(770) 488-0143	(301) 504-7009
Fax Number	(770) 488-1668	(978) 244-8640
Email Address	dx1@cdc.gov	dhutton@cpsc.gov
SIGNATURE		
Date Signed	10/23/2014	11/14/2014

**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	Brigetta Jones	James Baker
Title	Lead Budget Analyst	Budget Officer
Telephone Number	(770) 488-1477	(301) 504-7675
Fax Number	(770) 488-4070	
Email Address	bljones@cdc.gov	jbaker@cpsc.gov
SIGNATURE		
Date Signed	10/23/14	11/14/2014

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<b>CONTACT INFORMATION</b>		
<b>FINANCE OFFICE Points of Contact (POCs)</b>		
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.		
<b>39.</b>	<b>Requesting Agency (Payment Office)</b>	<b>Servicing Agency (Billing Office)</b>
Name	Barry Taylor	Priscila Susi
Title	Accountant, Supervisor	Director, Financial Services
Office Address		4330 East West Highway Bethesda, MD 20814
Telephone Number	(404) 718-8174	(301) 504-7566
Fax Number	(404) 718-8305	
Email Address	btaylor@cdc.gov	psusi@cpsc.gov
Signature & Date (Optional)		
<b>40. ADDITIONAL Points of Contacts (POCs) (as determined by each Agency)</b>		
This may include CONTRACTING Office Points of Contact (POCs).		
	<b>Requesting Agency</b>	<b>Servicing Agency</b>
Name	Leroy Frazier, Jr	Tom Schroeder
Title	Deputy Branch Chief	Director, EPDS
Office Address	4770 Buford Hwy NE F64 Atlanta, GA 30341	4330 East West Highway Bethesda, MD 20814
Telephone Number	(770) 488-1507	(301) 504-7431
Fax Number	(770) 488-1360	(301) 504-7431
Email Address	lfrazier1@cdc.gov	tschroeder@cpsc.gov
Signature & Date (Optional)	Leroy Frazier Jr - S: 	
Name	Paula Gilbert	
Title	Division Budget Analyst	
Office Address	4770 Buford Hwy NE Atlanta, GA 30341	
Telephone Number	(770) 488-4074	
Fax Number	(770) 488-1188	
Email Address	ein5@cdc.gov	
Signature & Date (Optional)	Paula Michelle Gilbert - S: 	
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
National Center for Injury Prevention and Control  
Atlanta, Georgia**

**THE INTERAGENCY AGREEMENT BETWEEN  
THE U.S. CONSUMER PRODUCT SAFETY COMMISSION  
AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION  
14FED1405483-01**

This is an Interagency Agreement between the Centers for Disease Control and Prevention (CDC) and the U.S. Consumer Product Safety Commission (CPSC) covering a special study using the National Electronic Injury Surveillance System (NEISS) to collect data on all nonfatal firearm injuries treated in NEISS hospital emergency departments to be used to provide national estimates of nonfatal firearm injuries and to characterize injured person and circumstances of the injury incident.

This agreement covers a special study entitled: "The NEISS Firearms Injury Special Study" which is outlined below.

**I. DESCRIPTION OF SERVICES**

**Background:**

The Consumer Product Safety Commission (CPSC) will collect surveillance data on all firearm injury cases initially treated in emergency departments (EDs) in 96 NEISS sample hospitals. This special study, called the CDC/NEISS Firearm Injury Surveillance Study (FISS), has been in place since 1992. This study provides data abstracted from medical records on persons with nonfatal firearm injuries treated in all NEISS hospital EDs. The data are used to track temporal trends in nonfatal firearm injury rates and characterize patterns of nonfatal firearm injuries in the United States by demographics of injured persons and by intent of injury and other circumstances of the injury incident. Data are obtained on intent of injury, type and caliber of firearm used (handgun, rifle, shotgun, BB/pellet gun, other), victim-suspect relationship, alcohol/drug-relatedness, physical fight, argument, job-relatedness, mode of transport to the ED, and the core NEISS data elements (e.g., age, sex, and race/ethnicity of the injured person, principal diagnosis, primary body part affected, and place of occurrence). This special study provides more detail on injury circumstances than are provided by the NEISS-All Injury Program.

The CDC/NEISS FISS provides additional data about nonfatal firearm injuries treated in US hospital EDs. The screen implemented in mid-1992 has continued with the same data elements which captures data about circumstances of the firearm injury incident (if present in the medical record), including:

- date of injury, marital status, work-relatedness (injured on the job);
- type of firearm [handgun, rifle, shotgun, BB/pellet gun, other specify], manufacturer/model of firearm involved, caliber/gauge of firearm involved;
- whether the incident involved an argument, physical fight, illicit drugs, or other crime;
- who caused the injury or perpetrator (self, spouse, ex-spouse, other relative, friend/acquaintance, stranger, victim did not see who caused the injury, other specify)
- alcohol or drug test orders and test results; and
- how patient was transported to the ED (EMS/ambulance, fire/rescue, police unit, air transport, walk in or other.

**Purpose:**

This IAG provides for the continuation of data collection on all nonfatal firearm injuries treated in NEISS hospital EDs.

**Deliverables:**

The Consumer Product Safety Commission will deliver to the National Center for Injury Prevention and Control, Statistics, Programming & Economics Branch (SPEB), final edited data and associated codebooks and other database documentation for all data elements in the CDC/NEISS Firearm Injury Surveillance Study. These data will be delivered by means of a secure data file and will be provided to CDC no later than **September 30, 2015**. The Statistics, Programming & Economics Branch after performing final editing and quality assurance reviews of the data will provide the final analysis data set to the Division of Violence Prevention (DVP), Epidemiology and Surveillance Branch (ESB), National Center for Injury Prevention and Control. If the Statistics, Programming & Economics Branch should encounter any errors in the final edited data or other data issues, SPEB will contact CPSC immediately to resolve these matters.

**Methods:**

**1. Data collection**

- a. **Description:** Continue to collect data on cases of all firearm injury seen at all NEISS hospitals.
- b. **Sample:** All hospitals participating in NEISS.
- c. **Case definition:** All firearm injury cases, including those that were unintentional, assaults, self-harm, or of undetermined intent
- d. **Schedule:** The data collection will continue till the end of **September 2015**.
- e. **Analysis** of the data will be done by CDC and results shared fully with CPSC.

**II. DURATION OF AGREEMENT**

This funding period of this agreement is approved from the date of signature for both agencies through **September 30, 2015**. The period of performance is from the date that both parties sign the agreement through September 30, 2016. Approximate delivery date for calendar year 2015 data is **September 30, 2015**.

**III. ESTIMATED COSTS**

CDC will transfer \$55,392.00 to CPSC in **FY 2015** to support CPSC's continuing CDC/NEISS Firearm Injury Surveillance System data collection activities. Estimated costs are \$55,392.00. This cost estimate is broken down into the following sub-categories:

Data collection and provision of data to CDC	\$55,392.00
Total	\$55,392.00

**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 FY2015 will be transferred to CPSC via OPAC using the following account data:

Billing Info:

<u>For CDC:</u>	<u>FY2015</u>	<u>For CPSC:</u>
Appropriation:	75-15-0943	61150100
ALC:	75090421	61-00-0001
DUNS:	927645465	069287522
CAN:	939ZSGT	ACCT: 0100A15RSE-2015-1117900000-EXHR004310- 252E0
Object Class:	25327	TIN: 520978750
Amount:	\$55,392.00	
<b>Total</b>	<b>\$55,392.00</b>	

When billing CDC through the OPAC system, CPSC will reference agreement number **14FED1405483-01**.

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. CONFLICT WITH EXISTING AGREEMENTS**

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

**VII. PROGRAM CONTACTS**

CDC: J. Lee Annest, Ph.D.  
SPEB, NCIPC,  
4770 Buford Highway, NE, F64  
Atlanta, GA 30341-3714  
(770) 488-4804

CPSC: Tom Schroeder  
CPSC  
4330 East West Highway, Rm 502-B  
Bethesda, MD 20814-4408  
(301) 504-7431

**VIII. BUDGET CONTACTS**

CDC: Brigetta Jones  
NCIPC/OD (F36)  
4770 Buford Highway, NE  
Atlanta, Georgia 30341-3724  
(770) 488-1477

CPSC: Priscila Susi  
Dir., Div. of Financial Services  
4330 East West Highway, Rm 520A  
Bethesda, MD 20814-4408  
(301) 504-7566

**IX. 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.

**X. 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.