

ORDER FOR SUPPLIES OR SERVICES

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER 10/29/2009	2. CONTRACT NO. (If any) CPSC-N-10-0002	6. SHIP TO: a. NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION	
3. ORDER NO.	4. REQUISITION/REFERENCE NO.		

5. ISSUING OFFICE (Address correspondence to) CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814	b. STREET ADDRESS DIV OF HAZARD & INJURY DATA SYS 4330 EAST WEST HIGHWAY ROOM 604-26		
	c. CITY BETHESDA	d. STATE MD	e. ZIP CODE 20814

7. TO: JENNIFER CARINI-METCALFE DIR ED	f. SHIP VIA
a. NAME OF CONTRACTOR DOCTORS COMMUNITY HOSPITAL	

b. COMPANY NAME	<input checked="" type="checkbox"/> a. PURCHASE	<input type="checkbox"/> b. DELIVERY
c. STREET ADDRESS 8118 GOOD LUCK ROAD	REFERENCE YOUR: Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	
d. CITY LANHAM	e. STATE MD	f. ZIP CODE 20706

Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.

9. ACCOUNTING AND APPROPRIATION DATA 10 PS EXFM 4310 11179 252E	10. REQUISITIONING OFFICE CONSUMER PRODUCT SAFETY COMMISSION
--	---

11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input checked="" type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. EMERGING SMALL BUSINESS	g. SERVICE-DISABLED VETERAN-OWNED	12. F.O.B. POINT Destination
---	-----------------------------------	---------------------------------

13. PLACE OF	14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) Multiple	16. DISCOUNT TERMS Net 30
a. INSPECTION Destination	b. ACCEPTANCE Destination		

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	DUNS Number: ██████████ BASIC CONTRACT: 10/01/09 THRU 09/30/10 HOSPITAL ID# 5P591085 This contract is being incrementally funded in the amount of \$5,380.18 for the period Continued ...					

18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.	17(h) TOTAL (Cont. pages)
21. MAIL INVOICE TO:			
a. NAME CONSUMER PRODUCT SAFETY COMMISSION			\$5,380.18
b. STREET ADDRESS (or P.O. Box) DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522			17(i) GRAND TOTAL
c. CITY BETHESDA	d. STATE MD	e. ZIP CODE 20814	

22. UNITED STATES OF AMERICA BY (Signature) 	23. NAME (Typed) Doris B. Kessler TITLE: CONTRACTING/ORDERING OFFICER
---	---

**ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION**

2

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

DATE OF ORDER 10/29/2009	CONTRACT NO. CPSC-N-10-0002	ORDER NO.
-----------------------------	--------------------------------	-----------

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	October 1, 2009 through December 31, 2009. Additional funding will be provided, by modification, when funds become available. Admin Office: CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814 Period of Performance: 10/01/2009 to 09/30/2010					
0001	ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. MINIMUM QTY: 2,350 MAXIMUM QTY: 11,750	2350	EA	1.88	4,418.00	
0002	ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. MINIMUM QTY: 220 MAXIMUM QTY: 2,200	550	EA	0.47	258.50	
0003	REIMBURSEMENT FOR TRAINING COSTS. 2 PERSONS: 32/HR X \$14.66 X 50% OH = \$703.68	1	LT	703.68	703.68	
0004	OPTION PERIOD: 10/01/10 THRU 09/30/11 ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS. MINIMUM QTY: 2,350 MAXIMUM QTY: 11,750 Amount: \$17,672.00 (Option Line Item) 10/01/2010 Continued ...	9400	EA	1.88	0.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

\$5,380.18

SCHEDULE - CONTINUATION

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

DATE OF ORDER	CONTRACT NO.	ORDER NO.
10/29/2009	CPSC-N-10-0002	

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0005	<p>Accounting Info: 11-PS-EXFM-4310-11179-252E \$17,672.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p> <p>ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS.</p> <p>MINIMUM QTY: 220 MAXIMUM QTY: 2,200 Amount: \$1,034.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 11-PS-EXFM-4310-11179-252E \$1,034.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p> <p>The total amount of award: \$24,086.18. The obligation for this award is shown in box 17(i).</p>	2200	EA	0.47	0.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

\$0.00