

**ORDER FOR SUPPLIES OR SERVICES**

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

1. DATE OF ORDER 11/16/2009		2. CONTRACT NO. (If any) CPSC-N-10-0014		6. SHIP TO: a. NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION	
3. ORDER NO.		4. REQUISITION/REFERENCE NO.		b. STREET ADDRESS DIVISION OF HAZARD & INJURY DATA SYS 4330 EASTWEST HIGHWAY ROOM 604-26	
5. ISSUING OFFICE (Address correspondence to) CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814				c. CITY BETHESDA	
				d. STATE MD	e. ZIP CODE 20814
7. TO: a. NAME OF CONTRACTOR RAYMOND COLUCCI				f. SHIP VIA	
b. COMPANY NAME				8. TYPE OF ORDER <input checked="" type="checkbox"/> a. PURCHASE <input type="checkbox"/> b. DELIVERY	
c. STREET ADDRESS [REDACTED]				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 FORT MYERS		e. STATE FL	f. ZIP CODE 33912-5717		

9. ACCOUNTING AND APPROPRIATION DATA See Schedule			10. REQUISITIONING OFFICE CONSUMER PRODUCT SAFETY COMMISSION		
11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input checked="" type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. EMERGING SMALL BUSINESS					12. F.O.B. POINT Destination
13. PLACE OF a. INSPECTION Destination		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) Multiple	16. DISCOUNT TERMS Net 30

**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: [REDACTED] HOSPITAL ID# 3A094055  This contract is being incrementally funded in the amount of \$3,154.50 for the period of October 1, 2009 through November 30, 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					\$3,154.50	17(i) GRAND TOTAL
b. STREET ADDRESS (or P.O. Box) DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522						
c. CITY BETHESDA		d. STATE MD	e. ZIP CODE 20814		\$3,154.50	

22. UNITED STATES OF AMERICA BY (Signature) 			23. NAME (Typed) Doris B. Kessler TITLE: CONTRACTING/ORDERING OFFICER		
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**ORDER FOR SUPPLIES OR SERVICES  
SCHEDULE - CONTINUATION**

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DATE OF ORDER 11/16/2009	CONTRACT NO. CPSC-N-10-0014	ORDER NO.
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>2009. additional funding will be provided, modification, when funds become available. Admin Office: CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814</p> <p>ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 2,625 MAXIMUM QTY: 13,125</p> <p>Delivery: 09/30/2010 Accounting Info: 10-PS-EXFM-4310-11179-252E Funded: \$3,062.50</p>	1750	EA	1.75	3,062.50	
0002	<p>ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 120 MAXIMUM QTY: 1,200</p> <p>Delivery: 09/30/2010 Accounting Info: 10-PS-EXFM-4310-11179-252E Funded: \$92.00</p>	200	EA	0.46	92.00	
0003	<p>OPTION PERIOD: 10/01/010 THRU 09/30/11</p> <p>ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS.</p> <p>MINIMUM QTY: 2,625 MAXIMUM QTY: 13,125 Amount: \$18,375.00 (Option Line Item) 10/01/2010</p> <p>Continued ...</p>	10500	EA	1.75	0.00	

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

\$3,154.50

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**SCHEDULE - CONTINUATION**

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DATE OF ORDER 11/16/2009	CONTRACT NO. CPSC-N-10-0014	ORDER NO.
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0004	<p>Delivery: 09/30/2011 Accounting Info: 11-PS-EXFM-4310-11179-252E Funded: \$0.00 Period of Performance: 10/01/2010 to 09/30/2011</p> <p>ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS.</p> <p>MINIMUM QTY: 120 MAXIMUM QTY: 1,200 Amount: \$552.00 (Option Line Item) 10/01/2010</p> <p>Delivery: 09/30/2011 Accounting Info: 11-PS-EXFM-4310-11179-252E Funded: \$0.00 Period of Performance: 10/01/2010 to 09/30/2011</p> <p>The total amount of award: \$22,081.50. The obligation for this award is shown in box 17(i).</p>	1200	EA	0.46	0.00	

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

\$0.00