**ORDER FOR SUPPLIES OR SERVICES**

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

1. **DATE OF ORDER:** 01/21/2010
2. **CONTRACT NO. (if any):** CPSC-N-10-0067
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

6. **SHIP TO:**
   - CONSUMER PRODUCT SAFETY COMMISSION
   - DIV OF HAZARD & INJURY DATA SYS
   - 4330 EAST WEST HWY
   - ROOM 604-26
   - CITY: BETHESDA
   - STATE: MD
   - ZIP CODE: 20814

7. **TO:** MINDY PRICE DIRECTOR OF NURSING
   - **NAME OF CONTRACTOR:** ROSEBUD HEALTH CARE CENTER
   - **COMPANY NAME:**
   - **STREET ADDRESS:** 383 NORTH 17TH AVENUE
8. **SHIP VIA**
   - **TYPE OF ORDER:**
     - [X] PURCHASE
     - [ ] DELIVERY
   - **REFERENCE YOUR ORDER**

9. **ACCOUNTING AND APPROPRIATION DATA**
10. **GOVERNMENT BILL NO.**
11. **BUSINESS CLASSIFICATION** (Check appropriate box(es))
    - [X] SMALL
    - [ ] OTHER THAN SMALL
    - [ ] DISADVANTAGED
    - [ ] SERVICE-DISABLED VETERAN-OWNED
    - [ ] DD/ emerging small business
12. **FOB POINT**
13. **PLACE OF INSPECTION**
14. **PLACE OF ACCEPTANCE**
15. **DELIVER TO FOB POINT ON OR BEFORE (Date)**
16. **DISCOUNT TERMS**
17. **SCHEDULE** (See reverse for Rejections)

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES OR SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DUNS Number: 5A7311068</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HOSPITAL ID#: 5A7311068</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BASIC CONTRACT: 10/01/09 THRU 09/30/10</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This contract is being incrementally funded in the amount of $3,490.25 for the period
Continued ...  

18. **SHIPPING POINT**
19. **GROSS SHIPPING WEIGHT**
20. **INVOICE NO.**
21. **MAIL INVOICE TO:**
   - **NAME:** CONSUMER PRODUCT SAFETY COMMISSION
   - **STREET ADDRESS:** 4330 EAST WEST HWY
   - **ROOM 522**
   - **CITY:** BETHESDA
   - **STATE:** MD
   - **ZIP CODE:** 20814

22. **UNITED STATES OF AMERICA**
23. **NAME:** Doris B. Kessler
   **TITLE:** CONTRACTING/ORDERING OFFICER

**AUTHORIZED FOR LOCAL REPRODUCTION**
**PREVIOUS EDITION NOT USABLE**
**ORDER FOR SUPPLIES OR SERVICES**

**SCHEDULE - CONTINUATION**

**DATE OF ORDER** | **CONTRACT NO** | **ORDER NO.**
---|---|---
01/21/2010 | CPSC-N-10-0067 | 

<table>
<thead>
<tr>
<th>ITEM NO</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>0001</td>
<td>NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
<td>250 EA</td>
<td>13.62</td>
<td>3,405.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0002</td>
<td>SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
<td>25 EA</td>
<td>3.41</td>
<td>85.25</td>
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<td></td>
</tr>
<tr>
<td>0003</td>
<td>NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS.</td>
<td>500 EA</td>
<td>13.62</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Period of Performance: 10/01/2009 to 09/30/2010

Cost: $3,490.25

Admin Office:
CONSUMER PRODUCT SAFETY COMMISSION
DIV OF PROCUREMENT SERVICES
4330 EAST WEST HWY
ROOM 517
BETHESDA MD 20814

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

October 1, 2009 through March 31, 2010. Additional funds will be provided, by modification, when funds become available.

Additional funds 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
**ACCOUNTING INFO:**
11-PS-EXFM-4310-11179-252E
$6,810.00 (Subject to Availability of Funds)
Period of Performance: 10/01/2010 to 09/30/2011

**SUPPLEMENTAL/SPECIAL STUDY REPORTS.**

**MINIMUM QTY:** 5
**MAXIMUM QTY:** 50
**Amount:** $170.50 (Option Line Item)
**10/01/2010**

**ACCOUNTING INFO:**
11-PS-EXFM-4310-11179-252E
$170.50 (Subject to Availability of Funds)
Period of Performance: 10/01/2010 to 09/30/2011

The total amount of award: $10,470.75. The obligation for this award is shown in box 17(i).