ORDER FOR SUPPLIES OR SERVICES

1 DATE OF ORDER: 01/11/2010
2 CONTRACT NO: CPSC-N-10-0070

3 ORDER NO: 
4 REQUISITION/REFERENCE NO: 

5 ISSUING OFFICE: CONSUMER PRODUCT SAFETY COMMISSION
DIV OF PROCUREMENT SERVICES
4330 EAST WEST HWY
ROOM 517
BETHESDA MD 20814

6 SHIP TO:

a NAME OF CONSIGNEE: CONSUMER PRODUCT SAFETY COMMISSION

b STREET ADDRESS: DIV OF HAZARD & INJURY DATA SYS
4330 EAST WEST HIGHWAY
ROOM 604-26

7 TO: GEORGE Z HEVESY MD ER DIR

a NAME OF CONTRACTOR: OSF SAINT FRANCIS MEDICAL CENTER

b COMPANY NAME: 

c STREET ADDRESS: 530 NE GLEN OAK AVENUE

d CITY: PEORIA
e STATE: IL 

f ZIP CODE: 61637-0002

8 TYPE OF ORDER:

a PURCHASE: 

b DELIVERY: 

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.

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.

9 ACCOUNTING AND APPROPRIATION DATA
See Schedule

10 REQUIRING OFFICE: CONSUMER PRODUCT SAFETY COMMISSION

11 BUSINESS CLASSIFICATION (Check appropriate box(es)): 

a SMALL: 

b OTHER THAN SMALL: ☑

c DISADVANTAGED: 

d WOMEN-OWNED: 

e EMERGING SMALL BUSINESS: 

f SERVICE-DISABLED VETERAN-OWNED: 

12 F.O.B. POINT: Destination

13 PLACE OF: 

a INSPECTION: Destination
b ACCEPTANCE: Destination

c CITY: 

d STATE: 

14 GOVERNMENT B/L NO: 

15 DELIVER TO F.O.B. POINT ON OR BEFORE (Date): 

16 DISCOUNT TERMS: Net 30

17 SCHEDULE (See reverse for Rejections):

<table>
<thead>
<tr>
<th>ITEM NO</th>
<th>SUPPLIES OR 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></td>
<td>DUNS Number: 84661034 HOSPITAL ID#: C661034</td>
<td></td>
<td></td>
<td></td>
<td>$12,812.91</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BASIC CONTRACT: 10/01/09 THRU 09/30/10</td>
<td></td>
<td></td>
<td></td>
<td>$12,812.91</td>
<td></td>
</tr>
</tbody>
</table>

This contract is being incrementally funded in the amount of $12,812.91 for the period Continued ...

18 SHIPPING POINT: 
19 GROSS SHIPPING WEIGHT: 
20 INVOICE NO: 

21 MAIL INVOICE TO:

a NAME: CONSUMER PRODUCT SAFETY COMMISSION

b STREET ADDRESS: DIVISION OF FINANCIAL SERVICES
4330 EAST WEST HWY
ROOM 522

c CITY: BETHESDA

17(h) TOTAL (Cont pages)

17(i) GRAND TOTAL

22 UNITED STATES OF AMERICA: 

23 NAME (Typed): Doris B. Kessler

TITLE: CONTRACTING/ORDERING OFFICER

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 347 (Rev 1/09)
Prepared by GSA/FAR Sec 213(e)
**Order for Supplies or Services**

**Schedule - Continuation**

**Page No:** 2

**Date of Order:** 01/11/2010  
**Contract No.:** CPSC-N-10-0070  
**Order No.:**

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Supplies/Services</th>
<th>Quantity Ordered</th>
<th>Unit Price</th>
<th>Amount</th>
<th>Quantity Accepted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(a)</td>
<td>(c)</td>
<td>(e)</td>
<td>(g)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(b)</td>
<td>(d)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**October 1, 2009 through February 28, 2010.** 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

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Estimated Quantity</th>
<th>Quantity Ordered</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>0001</td>
<td>ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
<td>10417 EA</td>
<td>1.23</td>
<td>12,812.91</td>
</tr>
</tbody>
</table>

**MINIMUM QTY:** 6,250  
**MAXIMUM QTY:** 31,250

Accounting Info:  
10-PS-EXFM-4310-11179-252E  
Funded: $12,812.91

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Option Period: 10/01/10 Thru 09/30/11</th>
<th>Estimated Quantity</th>
<th>Quantity Ordered</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>0002</td>
<td>ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS.</td>
<td>25000 EA</td>
<td>1.23</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

**MINIMUM QTY:** 6,250  
**MAXIMUM QTY:** 31,250  
**Amount:** $30,750.00 (Option Line Item)

10/01/2010  
Accounting Info:  
11-PS-EXFM-4310-11179-252E  
Funded: $0.00  
$30,750.00 (Subject to Availability of Funds)  
Continued ...

**Total Carried Forward to 1st Page (Item 17(H)):** $12,812.91

**Optional Form 348 (Rev 42008):**  
**Authorized for Local Reproduction:**  
**Previous Edition Not Usable:**  
**Prepared by GSA FAR (48 CFR 53.2101):**
**ORDER FOR SUPPLIES OR SERVICES**

**SCHEDULE - CONTINUATION**

**DATE OF ORDER**
01/11/2010

**CONTRACT NO.**
CPSC-N-10-0070

**ORDER NO.**

---

**ITEM NO.**

**SUPPLIES/SERVICES**

<table>
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<tr>
<td>$0.00 (Subject to Availability of Funds)</td>
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</tbody>
</table>

Period of Performance: 10/01/2010 to 09/30/2011

The total amount of award: $43,562.91. The obligation for this award is shown in box 17(i).