

Todd Stevens

ORDER FOR SUPPLIES OR SERVICES

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1 19

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

1 DATE OF ORDER 01/14/2010	2 CONTRACT NO. (If any) CPSC-N-10-0080	6. SHIP TO	
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		a. NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION	

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
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7. TO: MARK ROSSI ADMINISTRATOR	f. SHIP VIA	
a. NAME OF CONTRACTOR HOPEDALE MEDICAL FOUNDATION	8. TYPE OF ORDER	

b. COMPANY NAME	<input checked="" type="checkbox"/> a. PURCHASE	<input type="checkbox"/> b. DELIVERY
c. STREET ADDRESS 107 TREMONT STREET PO BOX 267	REFERENCE YOUR:	
d. CITY HOPEDALE	e. STATE IL	f. ZIP CODE 61747-0267

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.

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 See Schedule	10. REQUISITIONING OFFICE CONSUMER PRODUCT SAFETY COMMISSION
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11. BUSINESS CLASSIFICATION (Check appropriate box(es))				12. F.O.B. POINT Destination	
<input type="checkbox"/> a. SMALL	<input checked="" 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			

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: [REDACTED] HOSPITAL ID#: SC221055 BASIC CONTRACT: 10/01/09 THRU 09/30/10  This contract is being incrementally funded in the amount of \$518.00 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		\$518.00
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
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**ORDER FOR SUPPLIES OR SERVICES  
SCHEDULE - CONTINUATION**

PAGE NO

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DATE OF ORDER  
01/14/2010

CONTRACT NO.  
CPSC-N-10-0080

ORDER NO.

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>October 1, 2009 through March 31, 2010. 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</p> <p>ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 100 MAXIMUM QTY: 500</p> <p>Accounting Info: 10-PS-EXFM-4310-11179-252E Funded: \$518.00 Period of Performance: 10/01/2009 to 09/30/2010</p>	200	EA	2.59	518.00	
0002	<p>OPTION PERIOD: 10/01/10 THRU 09/30/11</p> <p>ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS.</p> <p>MINIMUM QTY: 100 MAXIMUM QTY: 500 Amount: \$1,036.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 11-PS-EXFM-4310-11179-252E Funded: \$0.00 \$1,036.00 (Subject to Availability of Funds) Continued ...</p>	400	EA	2.59	0.00	

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

\$518.00

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

PAGE NO

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

DATE OF ORDER

CONTRACT NO.

ORDER NO.

01/14/2010

CPSC-N-10-0080

ITEM NO (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>\$0.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p> <p>The total amount of award: \$1,554.00. The obligation for this award is shown in box 17(i).</p>					

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

\$0.00