**ORDER FOR SUPPLIES OR SERVICES**

**DATE OF ORDER:** 01/19/2010

**CONTRACT NO:** CPSC-N-10-0085

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

**TO:** MARGARET BELFIELD ADMINISTRATOR

**NAME OF CONTRACTOR:** ATLANTIC CARE REGIONAL MEDICAL CENTER

**ADDRESS:** 1925 PACIFIC AVENUE - Mainland

**SHIP TO:** CONSUMER PRODUCT SAFETY COMMISSION
DIV OF HAZARD & INJURY DATA SYS
4330 EAST WEST HIGHWAY
ROOM 604-26

**SHIPPING POINT:** ATLANTIC CITY

**RECEIVING OFFICE:** CONSUMER PRODUCT SAFETY COMMISSION
DIVISION OF HAZARD & INJURY DATA SYS
4330 EAST WEST HIGHWAY
ROOM 517
BETHESDA MD 20814

**PURCHASE ORDER NO:** 01/19/2010

**REQUISITION/REFERENCE NO:**

**ITEM NO.** | **SUPPLIES OR SERVICES** | **QUANTITY ORDERED** | **UNIT** | **UNIT PRICE** | **AMOUNT** | **QUANTITY ACCEPTED** |
--- | --- | --- | --- | --- | --- | --- |
| | | | | | | |

DUNS Number: 6N553042

HOSPITAL ID#: 6N553042

This contract is being incrementally funded in the amount of $11,448.00 for the period of October 1, 2009 through March 31, 2010. Continued...

**SHIPPING POINT:**

**GROSS SHIPPING WEIGHT:**

**INVOICE NO:**

**MAIL INVOICE TO:**

**ADDRESS:**

**CITY:** BETHESDA

**STATE:** MD

**ZIP CODE:** 20814

**SIGNATURE:**

**AUTHORIZED FOR LOCAL REPRODUCTION:**

**OPTIONAL FORM 347** (Rev 4/2006)

**AUTHORIZED FOR LOCAL REPRODUCTION VERSION:**

**PUBLISHED BY GSA/FR 48 CFR 53 213(e) 4121500**

**PREVIOUS EDITION NOT USABLE**
**IMPORTANT:** Mark all packages and papers with contract and/or order numbers.

<table>
<thead>
<tr>
<th>DATE OF ORDER</th>
<th>CONTRACT NO</th>
<th>ORDER NO</th>
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<tbody>
<tr>
<td>01/19/2010</td>
<td>CPSC-N-10-0085</td>
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</table>

**ITEM NO.** | **SUPPLIES/ SERVICES** | **QUANTITY ORDERED** | **UNIT** | **UNIT PRICE** | **AMOUNT** | **QUANTITY ACCEPTED** |
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<tbody>
<tr>
<td>0001</td>
<td>Additional funding will be provided, by modification, when funds become available.</td>
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<tr>
<td>0002</td>
<td>Option Period: 10/01/10 THRU 09/30/11</td>
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</table>

**0001**
- **ESTIMATED QUANTITY**
- ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.
  - **MINIMUM QTY:** 3,600
  - **MAXIMUM QTY:** 18,000
  - **Period of Performance:** 10/01/2009 to 09/30/2010

**0002**
- **ESTIMATED QUANTITY**
- ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS.
  - **MINIMUM QTY:** 3,600
  - **MAXIMUM QTY:** 18,000
  - **Amount:** $22,896.00 (Option Line Item) 10/01/2010
  - **Accounting Info:** 11-PS-EXFM-4310-11179-252E
  - $22,896.00 (Subject to Availability of Funds)
  - **Period of Performance:** 10/01/2010 to 09/30/2011

The total amount of award: $34,344.00. The obligation for this award is shown in box 17(i).