**ORDER FOR SUPPLIES OR SERVICES**

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

1. **DATE OF ORDER**
   01/20/2010

2. **CONTRACT NO. (If any)**
   CPSC-N-10-0088

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**

7. **TO**
   CATHY BANNISTER
   NURSE MGR

8. **NAME OF CONSIGNEE**
   CONSUMER PRODUCT SAFETY COMMISSION

9. **STREET ADDRESS**
   DIV OF HAZARD & INJURY DATA SYS
   4330 EAST WEST HIGHWAY
   ROOM 604-26

10. **CITY**
    BETHESDA

11. **STATE**
    MD

12. **ZIP CODE**
    20814

13. **SHIP VIA**

14. **REFERENCE YOUR**

15. **TYPE OF ORDER**
    a. PURCHASE
    b. DELIVERY

16. **REQUISITIONING OFFICE**
    CONSUMER PRODUCT SAFETY COMMISSION

17. **ACCOUNTING AND APPROPRIATION DATA**
    See Schedule

18. **BUSINESS CLASSIFICATION**
    a. SMALL
    b. OTHER THAN SMALL
    c. DISADVANTAGED
    d. WOMEN-OWNED
    e. HUBZone
    f. EMERGING SMALL BUSINESS
    g. SERVICE-DISABLED VETERAN-OWNED

19. **PLACE OF INSPECTION**
    Destination

20. **PLACE OF ACCEPTANCE**
    Destination

21. **REQUISITIONING OFFICE**
    CONSUMER PRODUCT SAFETY COMMISSION

22. **GOVERNMENT BILL NO.**
    Multiple

23. **DISCOUNT TERMS**
    Net 30

24. **SCHEDULE (See reverse for Rejections)**

<table>
<thead>
<tr>
<th>ITEM NO. (a)</th>
<th>SUPPLIES OR SERVICES (b)</th>
<th>QUANTITY ORDERED (c)</th>
<th>UNIT PRICE (d)</th>
<th>AMOUNT (e)</th>
<th>QUANTITY ACCEPTED (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DUNS Number:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HOSPITAL ID#:</td>
<td>6A802016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BASIC CONTRACT:</td>
<td>10/01/09 THRU 09/30/10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>This contract is being incrementally funded in the amount of $2,093.00 for the period Continued ...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

25. **SHIPPING POINT**

26. **GROSS SHIPPING WEIGHT**

27. **INVOICE NO.**

28. **MAIL INVOICE TO**

29. **NAME**
    CONSUMER PRODUCT SAFETY COMMISSION

30. **STREET ADDRESS**
    DIVISION OF FINANCIAL SERVICES
    4330 EAST WEST HWY
    ROOM 522

31. **CITY**
    BETHESDA

32. **STATE**
    MD

33. **ZIP CODE**
    20814

34. **TOTAL**

35. **GRAND TOTAL**

36. **AUTHORIZED FOR LOCAL REPRODUCTION**

37. **PREVIOUS EDITION NOT USABLE**

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

39. **PRINTED BY GSA/FAR 48 CFR 53.213(d)**

40. **REPRINTED BY**

41. **AUTHORIZED FOR LOCAL REPRODUCTION**

42. **PREVIOUS EDITION NOT USABLE**
**ORDER FOR SUPPLIES OR SERVICES**  
**SCHEDULE - CONTINUATION**  

**DATE OF ORDER:** 01/20/2010  
**CONTRACT NO:** CPSC-N-10-0088  
**ORDER NO.**

<table>
<thead>
<tr>
<th>ITEM NO</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0001</td>
<td></td>
<td>2300 EA</td>
<td>0.91</td>
<td>2,093.00</td>
</tr>
</tbody>
</table>

- **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: 1,150  
  - Maximum Qty: 5,750  

**Accounting Info:**  
10-PS-EXFM-4310-11179-252E  
Funded: $2,093.00  
Period of Performance: 10/01/2009 to 09/30/2010

**OPTION PERIOD:** 10/01/10 THRU 09/30/11  
**ESTIMATED QUANTITY**  
- Access only to NEISS surveillance reports, special survey reports and supplemental/special study reports.  
- Minimum Qty: 1,150  
- Maximum Qty: 5,750  

**Amount:** $4,186.00 (Option Line Item)  
10/01/2010  
**Accounting Info:**  
11-PS-EXFM-4310-1:179-252E  
Funded: $0.00  
$4,186.00 (Subject to Availability of Funds)  
Continued...

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**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))**  
$2,093.00
ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

DATE OF ORDER: 01/20/2010
CONTRACT NO: CPSC-N-10-0088

<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0.00 (Subject to Availability of Funds)</td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>Period of Performance: 10/01/2010 to 09/30/2011</td>
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</tbody>
</table>

The total amount of award: $6,279.00. The obligation for this award is shown in box 17(i).