**ORDER FOR SUPPLIES OR SERVICES**

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

2. **CONTRACT NO.** (if any): CPSC-N-10-0089

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:**
   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

7. **TO**: PAUL K KERCHO CONTRACTS MGR

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.

9. **ACCOUNTING AND APPROPRIATION DATA**
   10 PS EXFM 4310 11179 252E

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

11. **BUSINESS CLASSIFICATION** (Check appropriate box(es))
    - ☑ a. SMALL
    - ☐ b. OTHER THAN SMALL
    - ☐ c. DISADVANTAGED
    - ☐ d. WOMEN-OWNED
    - ☐ e. HUBZone
    - ☐ f. EMERGING SMALL BUSINESS
    - ☐ g. SERVICE-DISABLED VETERAN-OWNED

12. **F O B. POINT**
    Destination

13. **PLACE OF**
    a. **INSTRUCTION**
    b. **ACCEPTANCE**

14. **GOVERNMENT B/L NO.**
    ON OR BEFORE (Date)
    Net 30

15. **DELIVER TO F O B. POINT**

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</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DUNS Number: 190701090</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BASIC CONTRACT 19/07/090 THRU 09/30/10</td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>HOSPITAL ID# 7T071042</td>
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<tr>
<td></td>
<td>This contract is being incrementally funded in the amount of $5,850.36 for the period continued ...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
    d. **STATE**: MD
    e. **ZIP CODE**: 20814

22. **UNITED STATES OF AMERICA BY** (Signature)

23. **NAME (Typed)**
    Doris B. Kessler
    TITLE: CONTRACTING/ORDERING OFFICER

[Signature]

AUTHORIZED FOR LOCAL REPRODUCTION

PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 347 (Rev. 4/2006)

Prepared by GSA/AR 48 CFAR: 13 2/13b
**ORDER FOR SUPPLIES OR SERVICES**

**SCHEDULE - CONTINUATION**

**DATE OF ORDER** | **CONTRACT NO** | **ORDER NO**
---|---|---
01/20/2010 | CPSC-N-10-0089 | |

**ITEM NO** | **SUPPLIES/SERVICES** | **QUANTITY ORDERED** | **UNIT** | **UNIT PRICE** | **AMOUNT** | **QUANTITY ACCEPTED**
---|---|---|---|---|---|---
0001 | | | | |

<table>
<thead>
<tr>
<th><strong>DESCRIPTION</strong></th>
<th><strong>QUANTITY</strong></th>
<th><strong>UNIT</strong></th>
<th><strong>UNIT PRICE</strong></th>
<th><strong>AMOUNT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>October 1, 2009 through February 28, 2010. Additional funding will be provided, by modification, when funds become available.</td>
<td>5,417</td>
<td>EA</td>
<td>1.08</td>
<td>5,850.36</td>
</tr>
</tbody>
</table>

**Admin Office:**

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

**TOTAL QTY FOR ITEM #1:** 5,417/ea

---

**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:** 3,250

**MAXIMUM QTY:** 16,250

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

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**OPTION PERIOD:** 10/01/10 THRU 09/30/11

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<tr>
<th><strong>QUANTITY</strong></th>
<th><strong>UNIT</strong></th>
<th><strong>UNIT PRICE</strong></th>
<th><strong>AMOUNT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>13000</td>
<td>EA</td>
<td>1.08</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**ESTIMATED QUANTITY**

ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS.

**MINIMUM QTY:** 3,250

**MAXIMUM QTY:** 16,250

**Amount:** $14,040.00 (Option Line Item)

10/01/2010

**Accounting Info:** Continued ...

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**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))**: $5,850.36
**ORDER FOR SUPPLIES OR SERVICES**

**SCHEDULE - CONTINUATION**

**DATE OF ORDER** | **CONTRACT NO** | **ORDER NO**
---|---|---
01/20/2010 | CFSC-N-10-0089 | |

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<tbody>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
<td>(e)</td>
<td>(f)</td>
<td>(g)</td>
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<td>11-FS-EXFM-4310-11179-252E</td>
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$0.00 (Subject to Availability of Funds)

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

The total amount of award: $19,890.36. The obligation for this award is shown in box 17(i).