

United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies
Order Requirements and Funding Information (Order) Section

IAA Number 14FED1405483 - 0003 - 00000 Servicing Agency's Agreement
 GT&C # Order # Amendment/Mod # Tracking Number (Optional) CPSC-IAG-92-1117

PRIMARY ORGANIZATION/OFFICE INFORMATION					
24.	Requesting Agency	Servicing Agency			
Primary Organization/Office Name	Centers for Disease Control and Prevention	U.S. Consumer Product Safety Commission (USCPSC)			
Responsible Organization/Office Address	4770 Buford Hwy, NE, MS: F64 Atlanta, GA 30341-3717	4330 East West Highway, Room 502-B Bethesda, MD 20814-4408			
ORDER/REQUIREMENTS INFORMATION					
25. Order Action (Check One)					
<input checked="" type="checkbox"/> New <input type="checkbox"/> Modification (Mod) – List affected Order blocks being changed and explains the changes being made. For Example: for a performance period mod, state new performance period for this Order in Block 27. Fill out the Funding Modification Summary by Line (Block 26) if the mod involves adding, deleting or changing Funding for an Order Line. <input type="checkbox"/> Cancellation – Provide a brief explanation for Order cancellation and fill in the Performance Period End Date for the effective cancellation date.					
26. Funding Modification Summary by Line					
	Line # _____	Line # _____	Line # _____	Total of All Other Lines (attach funding details)	Total
Original Line Funding	\$	\$	\$	\$	\$0.00
Cumulative Funding Changes From Prior Mods [addition (+) or reduction (-)]	\$	\$	\$	\$	\$ 0.00
Funding Change for This Mod	\$	\$	\$	\$	\$ 0.00
TOTAL Modified Obligation	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total Advance Amount (-)	\$	\$	\$	\$	\$ 0.00
Net Modified Amount Due	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
27. Performance Period					
	Start Date	<u>10-01-2015</u>	End Date	<u>9/30/2016</u>	
		MM-DD-YYYY		MM-DD-YYYY	
For a performance period mod, insert the start and end dates that reflect the new performance period.					

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28. Order Line/Funding Information										Line Number _____							
					Requesting Agency Funding Information					Servicing Agency Funding Information							
ALC		75090421							61000001								
Component TAS Required by 10/1/2014	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	
			075	2016	2016		0952				061	2016	2016		0100	000	
OR Current TAS format		75-16-0952							061-16-0100-000								
BETC		DISB							COLL								
Object Class Code (Optional)		2512															
BPN		927645465							069287522								
BPN + 4 (Optional)									TIN: 520978750								
Additional Accounting Classification/Information (Optional)		939ZSGT - \$55,392.00							0100A16RSE 2016 1117900000 EXHR004310 252E0								
Requesting Agency Funding Expiration Date 9/30/2016 MM-DD-YYYY									Requesting Agency Funding Cancellation Date 9/30/2021 MM-DD-YYYY								
National Electronic Injury Surveillance System (NEISS) Firearms Injury Study																	
Project Number & Title																	
Description of Products and/or Services, including the Bona Fide Need for this Order (State or attach a description of products/services, including the bona fide need for this Order.) I hereby certify that (a) this requirement represents a bona fide need of the fiscal year or years for which the appropriation was made and complies with the Anti-deficiency Act and (b) funds are committed for the base period or first increment of performance of this acquisition.																	
North American Industry Classification System (NAICS) Number (Optional) _____																	
Breakdown of Reimbursable Line Costs									OR Breakdown of Assisted Acquisition Line Cost:								
Unit of Measure							Contract Cost		\$								
Quantity	Unit Price	Total					Servicing Fees		\$								
1	\$55,392.00	\$ 55,392.00					Total Obligated Cost		\$ 0								
Overhead Fees & Charges		\$ 0.00					Advance for Line (-)		\$								
Total Line Amount Obligated		\$ 55,392.00					Net Total Cost		\$ 0								
Advance Line Amount (-)		\$ 0.00					Assisted Acquisition Servicing Fees Explanation										
Net Line Amount Due		\$ 55,392.00															
Type of Service Requirements																	
<input checked="" type="checkbox"/> Severable Service <input type="checkbox"/> Non-severable Service <input type="checkbox"/> Not Applicable																	

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29. Advance Information (Complete Block 29 if the Advance Payment for Products/Services was checked "Yes" on the GT&C.)

Total Advance Amount for the Order \$ _____ [All Order Line advance amounts (Block 28) must sum to this total.]

Revenue Recognition Methodology (according to SFFAS 7) (Identify the Revenue Recognition Methodology that will be used to account for the Requesting Agency's expense and the Servicing Agency's revenue)

- Straight-line - Provide amount to be accrued \$ _____ and Number of Months _____
- Accrual Per Work Completed - Identify the accounting posting period:
 - Monthly per work completed & invoiced
 - Other - Explain other regular period (bimonthly, quarterly, etc.) for posting accruals and how the accrual amounts will be communicated if other than billed. _____

30. Total Net Order Amount: \$ 55,392.00

[All Order Line Net Amounts Due for reimbursable agreements and Net Total Costs for Assisted Acquisition Agreements (Block 28) must sum to this total.]

31. Attachments (State or list attachments.)

- Key project and/or acquisition milestones (Optional except for Assisted Acquisition Agreements)

- Other Attachments (Optional)

BILLING & PAYMENT INFORMATION

32. Payment Method (Check One) [Intra-governmental Payment and Collection (IPAC) is the Preferred Method.]
If IPAC is used, the payment method must agree with the IPAC Trading Partner Agreement (TPA).

- Requesting Agency Initiated IPAC
- Servicing Agency Initiated IPAC
- Credit Card
- Other - Explain other payment method and reasoning _____

33. Billing Frequency (Check One)

[An Invoice must be submitted by the Servicing Agency and accepted by the Requesting Agency BEFORE funds are reimbursed (i.e., via IPAC transaction)]

- Monthly
- Quarterly
- Other Billing Frequency (include explanation) _____

34. Payment Terms (Check One)

- 7 days
- Other Payment Terms (include explanation): _____

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35. Funding Clauses/Instructions (Optional) (State and/or list funding clauses/instructions.)

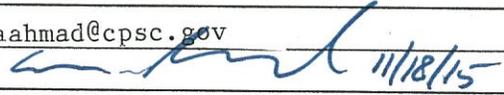
36. Delivery/Shipping Information for Products (Optional)

Agency Name	
Point of Contact (POC) Name & Title	
POC Email Address	
Delivery Address /Room Number	
POC Telephone Number	
Special Shipping Information	

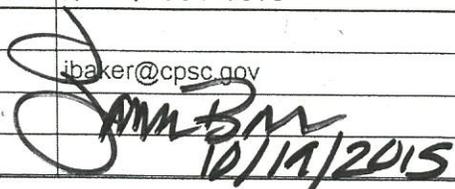
APPROVALS AND CONTACT INFORMATION

37. PROGRAM OFFICIALS

The Program Officials, as identified by the Requesting Agency and Servicing Agency, must ensure that the scope of work is properly defined and can be fulfilled for this Order. The Program Official may or may not be the Contracting Officer depending on each agency's IAA business process.

	Requesting Agency	Servicing Agency
Name	Leroy Frazier, Jr.	Eddie Ahmad
Title	Project Officer / COR	Contracting Officer
Telephone Number	770-488-1507	(301) 504-7884
Fax Number	000-000-0000	(978) 244-8640
Email Address	LFrazier1@cdc.gov	aahmad@cpsc.gov
SIGNATURE	Leroy Frazier Jr -S	 11/18/15
Date Signed		

38. FUNDING OFFICIALS - The Funds Approving Officials, as identified by the Requesting Agency and Servicing Agency, certify that the funds are accurately cited and can be properly accounted for per the purposes set forth in the Order. The Requesting Agency Funding Official signs to obligate funds. The Servicing Agency Funding Official signs to start the work, and to bill, collect, and properly account for funds from the Requesting Agency, in accordance with the agreement.

	Requesting Agency	Servicing Agency
Name	Daniel N. Cameron	James Baker
Title	Management Official, NCIPC	Budget Officer
Telephone Number	(770) 488-0143	(301) 504-7575
Fax Number	(404) 488-1662	
Email Address	Dxc1@cdc.gov	jbaker@cpsc.gov
SIGNATURE	Daniel N. Cameron -S	 10/19/2015
Date Signed	11-09-2015	

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CONTACT INFORMATION		
FINANCE OFFICE Points of Contact (POCs)		
The finance office points of contact must ensure that the payment (Requesting Agency), billing (Servicing Agency), and advance/accounting information are accurate and timely for this Order.		
39.	Requesting Agency (Payment Office)	Servicing Agency (Billing Office)
Name	Barry Taylor	Priscila Susi
Title	Branch Chief, TIIPB, OCFO	Director, Div of Financial Services
Office Address	2900 Woodcock Blvd. Atlanta, GA 30341	4330 East West highway, Room 520-A Bethesda, MD 20814-4408
Telephone Number	(678) 475-4798	(301) 504-7566
Fax Number	(678) 475-4710	NA
Email Address	bet9@cdc.gov	psusi@cpsc.gov
Signature & Date (Optional)		
40. ADDITIONAL Points of Contacts (POCs) (as determined by each Agency)		
This may include CONTRACTING Office Points of Contact (POCs).		
	Requesting Agency	Servicing Agency
Name	Joni L. Young	Tom Schroeder
Title	Deputy Director	Liaison
Office Address	4770 Buford Hwy, NE, MS:F64 Atlanta, GA 30341-3717	4330 East West highway, Room 604H Bethesda, MD 20814-4408
Telephone Number	770.488.1378	(301) 504-7431
Fax Number	770.488.4349	(301) 504-0038
Email Address	JYoung@cdc.gov	TSchroeder@cpsc.gov
Signature & Date (Optional)	Joni C. Young -S <small>Digitally signed by Joni C. Young, DN: cn=Joni C. Young, o=Centers for Disease Control and Prevention, ou=Contracting, email=jyoung@cdc.gov</small>	THOMAS SCHROEDER <small>Digitally signed by Thomas Schroeder, DN: cn=Thomas Schroeder, o=Centers for Disease Control and Prevention, ou=Contracting, email=tschroeder@cpsc.gov</small>
Name	Paula Gilbert	
Title	Budget Analyst	
Office Address	4770 Buford Hwy, NE, MS:F64 Atlanta, GA 30341-3717	
Telephone Number	770-488-4074	
Fax Number	770.488.1188	
Email Address	PGilbert@cdc.gov	
Signature & Date (Optional)	Paula Michelle Gilbert -S <small>Digitally signed by Paula Michelle Gilbert, DN: cn=Paula Michelle Gilbert, o=Centers for Disease Control and Prevention, ou=Contracting, email=pgilbert@cdc.gov</small>	
Name	Brigetta Jones	
Title	Team Lead, Budget Execution, OFR	
Office Address	4770 Buford Hwy, NE, M/S F-62 Atlanta, GA 30341	
Telephone Number	770.488.1477	
Fax Number	404.248.4070	
Email Address	BLJones@cdc.gov	
Signature & Date (Optional)	Brigetta Jones -S <small>Digitally signed by Brigetta Jones, DN: cn=Brigetta Jones, o=Centers for Disease Control and Prevention, ou=Contracting, email=brigettagjones@cdc.gov</small>	

IGCE for CPSC, FIREARMS FY2016

1. CDC will transfer \$55,392.00 to CPSC in **FY 2016** to support CPSC's continuing CDC/NEISS Firearm Injury Surveillance System data collection activities. Estimated costs are \$55,392.00. This cost estimate is broken down into the following sub-categories:

Data collection and provision of data to CDC	\$55,392.00
Total	\$55,392.00

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
Atlanta, Georgia**

**THE INTERAGENCY AGREEMENT BETWEEN
THE U.S. CONSUMER PRODUCT SAFETY COMMISSION
AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION
14FED1405483**

This is an Interagency Agreement between the Centers for Disease Control and Prevention (CDC) and the U.S. Consumer Product Safety Commission (CPSC) covering a special study using the National Electronic Injury Surveillance System (NEISS) to collect data on all nonfatal firearm injuries treated in NEISS hospital emergency departments to be used to provide national estimates of nonfatal firearm injuries and to characterize injured person and circumstances of the injury incident.

This agreement covers a special study entitled: “The NEISS Firearms Injury Special Study” which is outlined below.

I. DESCRIPTION OF SERVICES

Background:

The Consumer Product Safety Commission (CPSC) will collect surveillance data on all firearm injury cases initially treated in emergency departments (EDs) in 97 NEISS sample hospitals. This special study, called the CDC/NEISS Firearm Injury Surveillance Study (FISS), has been in place since 1992. This study provides data abstracted from medical records on persons with nonfatal firearm injuries treated in all NEISS hospital EDs. The data are used to track temporal trends in nonfatal firearm injury rates and characterize patterns of nonfatal firearm injuries in the United States by demographics of injured persons and by intent of injury and other circumstances of the injury incident. Data are obtained on intent of injury, type and caliber of firearm used (handgun, rifle, shotgun, BB/pellet gun, other), victim-suspect relationship, alcohol/drug-relatedness, physical fight, argument, job-relatedness, mode of transport to the ED, and the core NEISS data elements (e.g., age, sex, and race/ethnicity of the injured person, principal diagnosis, primary body part affected, and place of occurrence). This special study provides more detail on injury circumstances than are provided by the NEISS-All Injury Program.

Purpose:

This IAG provides for the continuation of data collection on all nonfatal firearm injuries treated in NEISS hospital EDs.

Deliverables:

The Consumer Product Safety Commission will deliver to the National Center for Injury Prevention and Control, Statistics, Programming & Economics Branch (SPEB), final edited data and associated codebooks and other database documentation for all data elements in the CDC/NEISS Firearm Injury Surveillance Study. These data will be delivered by means of a secure data file and will be provided to CDC no later than **September 30, 2017**. The Statistics, Programming & Economics Branch after performing final editing and quality assurance reviews of the data will provide the final analysis data set to the Division of Violence Prevention (DVP), Epidemiology and Surveillance Branch (ESB), National Center for Injury Prevention and Control. If the Statistics, Programming & Economics Branch should encounter any errors

in the final edited data or other data issues, SPEB will contact CPSC immediately to resolve these matters.

Methods:

1. Data collection

- a. **Description:** Continue to collect data on cases of all firearm injury seen at all NEISS hospitals.
- b. **Sample:** All hospitals participating in NEISS.
- c. **Case definition:** All firearm injury cases, including those that were unintentional, assaults, self-harm, or of undetermined intent
- d. **Schedule:** The data collection will continue till the end of **September 2016**.
- e. **Analysis** of the data will be done by CDC and results shared fully with CPSC.

II. DURATION OF AGREEMENT

This funding period of this agreement is approved from the date of signature for both agencies through **September 30, 2016**. The period of performance is from the date that both parties sign the agreement through September 30, 2016. Approximate delivery date for calendar year 2016 data is **September 30, 2017**.

III. ESTIMATED COSTS

CDC will transfer \$55,392.00 to CPSC in **FY 2016** to support CPSC's continuing CDC/NEISS Firearm Injury Surveillance System data collection activities. Estimated costs are \$55,392.00. This cost estimate is broken down into the following sub-categories:

Data collection and provision of data to CDC	\$55,392.00
Total	\$55,392.00

IV. FUNDING

All funds provided by CDC in this agreement must be obligated by the performing agency by the end of the fiscal year in which the funds expire. Any unobligated but expired funds may not be used to fund services in subsequent periods. The CDC Financial Management Office (FMO) must be notified of any unobligated funds pertaining to this agreement at least 15 days before the end of the fiscal year so that the agreement can be amended to reduce the obligated amount when appropriate. The notification must be provided to the address cited below (in paragraph V). This agreement is subject to fund availability.

V. ACCOUNTING AND BILLING INFORMATION

Funds for this project for **FY2016** will be transferred to CPSC via OPAC using the following account data:

Billing Info:

For CDC: FY2016 For CPSC:

Appropriation:	75-16-0952	6190100
ALC:	75090421	61-00-0001
DUNS:	927645465	069287522
CAN:	939ZSGT	ACCT: 0100A16RSE-2016-1117900000-EXHR- 04310-252E0
Object Class:	2512	TIN: 520978750
Amount:	\$55,392.00	

Total \$55,392.00

When billing CDC through the OPAC system, CPSC will reference agreement number **14FED1405483**.

When funds are provided to the performing agency in advance of services being performed or goods being delivered, the performing agency is required to provide, within 15 days of the end of each quarter, statements of obligations and expenditures made during the quarter. These statements are also provided to the address below:

CDC, FMO
 Attn: OPAC Desk
 1600 Clifton Road, MS D-06
 Atlanta, GA 30333

VI. CONFLICT WITH EXISTING AGREEMENTS

There is no duplication or conflict with existing agreements, policy, or statute.

VII. PROGRAM CONTACTS

CDC: William K. Ramsey
 DARPI, NCIPC,
 4770 Buford Highway, NE, F64
 Atlanta, GA 30341-3714
 (770) 488-1226

CPSC: Tom Schroeder
 CPSC
 4330 East West Highway, Rm 604-H
 Bethesda, MD 20814-4408
 (301) 504-7431

VIII. BUDGET CONTACTS

CDC: Brigetta Jones
 NCIPC/OD (F36)
 4770 Buford Highway, NE
 Atlanta, Georgia 30341-3724
 (770) 488-1477

CPSC: Priscila Susi
 Dir., Div. of Financial Services
 4330 East West Highway, Rm 520A
 Bethesda, MD 20814-4408
 (301) 504-7566

IX. MODIFICATION AND CANCELLATION

This agreement may be modified by mutual consent of both parties or canceled upon 60 days advance written notice by either party.

X. AUTHORITY

This agreement is entered into under Section 601 of the Economy Act, as amended (31 U.S.C. 1535) and the Consumer Product Safety Act.