

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

IAA Number 14FED1405484 - 0003 - 00000      Servicing Agency's Agreement  
 GT&C #                      Order #      Amendment/Mod #      Tracking Number (Optional) CPSC-I-14-0005

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)

New

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.**

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
<b>TOTAL Modified Obligation</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
Total Advance Amount (-)	\$	\$	\$	\$	\$ 0.00
Net Modified Amount Due	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

27. Performance Period                      Start Date                      10-01-2015                      End Date                      9/30/2016  
 For a performance period mod, insert the start and end dates that reflect the new performance period.                      MM-DD-YYYY                      MM-DD-YYYY

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<b>28. Order Line/Funding Information</b>										Line Number _____								
<b>Requesting Agency Funding Information</b>										<b>Servicing Agency Funding Information</b>								
ALC		75090421								61000001								
Component TAS Required by 10-1-2011	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 - \$165,155.00								0100A16RSE-2016-1117900000-EXHR004310-252E0								
Requesting Agency Funding Expiration Date <u>9/30/2016</u> MM-DD-YYYY										Requesting Agency Funding Cancellation Date <u>9/30/2021</u> MM-DD-YYYY								
National Electronic Injury Surveillance System (NEISS) Special Study of Assault																		
<b>Project Number &amp; Title</b>																		
<b>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.)</b> 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) _____																		
<b>Breakdown of Reimbursable Line Costs</b>										<b>OR Breakdown of Assisted Acquisition Line Cost:</b>								
Unit of Measure								Contract Cost		\$								
Quantity		Unit Price		Total				Servicing Fees		\$								
1		\$165,155.00		\$ 165,155.00				Total Obligated Cost		\$ 0								
Overhead Fees & Charges		\$ 0.00						Advance for Line (-)		\$								
Total Line Amount Obligated		\$ 165,155.00						Net Total Cost		\$ 0								
Advance Line Amount (-)		\$ 0.00						Assisted Acquisition Servicing Fees Explanation										
Net Line Amount Due		\$ 165,155.00																
<b>Type of Service Requirements</b>																		
<input checked="" type="checkbox"/> Severable Service <input type="checkbox"/> Non-severable Service <input type="checkbox"/> Not Applicable																		

IAA Order

IAA Number 14FED1405484 - 0003 - 00000  
GT&C # Order # Amendment/Mod #

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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: \$ 165,155.00

[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) \_\_\_\_\_

Annual

34. Payment Terms (Check One)

7 days

Other Payment Terms (include explanation): \_\_\_\_\_

**IAA Order**

IAA Number 14FED1405484 - 0003 - 00000      Servicing Agency's Agreement  
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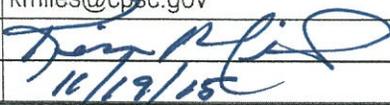
**35. Funding Clauses/Instructions (Optional)** (State and/or list funding clauses/instructions.)

**36. Delivery/Shipping Information for Products (Optional)**

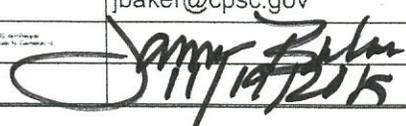
Agency Name	
Point of Contact (POC) Name & Title	
POC Email Address	
Delivery Address /Room Number	
POC Telephone Number	
Special Shipping Information	

**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.	Kim Miles
Title	Project Officer / COR	Contracting Officer
Telephone Number	770-488-1507	(301) 504-7018
Fax Number	000-000-0000	(978) 244-8640
Email Address	LFrazier1@cdc.gov	kmiles@cpsc.gov
SIGNATURE	Leroy Frazier Jr -S	
Date Signed		10/19/15

**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	NA
Email Address	Dxc1@cdc.gov	jbaker@cpsc.gov
SIGNATURE	Daniel N. Cameron -S	
Date Signed	11-10-2015	11/19/15

**IAA Order**

IAA Number 14FED1405484 - 0003 - 00000  
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 Tracking Number (Optional) CPSC-I-14-0005

CONTACT INFORMATION		
<b>FINANCE OFFICE Points of Contact (POCs)</b>		
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.		
<b>39.</b>	<b>Requesting Agency (Payment Office)</b>	<b>Servicing Agency (Billing Office)</b>
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)		
<b>40. ADDITIONAL Points of Contacts (POCs) (as determined by each Agency)</b>		
This may include CONTRACTING Office Points of Contact (POCs).		
	<b>Requesting Agency</b>	<b>Servicing Agency</b>
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	THOMAS SCHROEDER
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	
Name	Brigetta Jones	
Title	Team Lead, Budget Execution, OFRO	
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	

**IGCE for CPSC, ASSAULT FY2016**

1. Estimated costs are \$165,155. This cost estimate is broken down into the following sub-categories:

Data collection and provision of data to CDC	\$165,155.00
Total	\$165,155.00

**INTERAGENCY AGREEMENT BETWEEN  
THE CONSUMER PRODUCT SAFETY COMMISSION (CPSC)  
AND  
THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)  
(14FED1405484)**

This document sets forth the terms of agreement for services, supplies, and/or material between the U.S. Consumer Product Safety Commission (CPSC) and the Department of Health and Human Services (DHHS), Centers for Disease Control and Prevention (CDC).

This document serves as an Interagency Agreement between the CDC and CPSC covering the expansion of the National Electronic Injury Surveillance System All Injury Program (NEISS-AIP) to collect data on all injuries.

This agreement covers a special study entitled: "The NEISS Special Study of Assault" which is outlined below. Additional documentation is attached as Appendices.

I. DESCRIPTION OF SERVICES

**NEISS SPECIAL STUDY OF INTERPERSONAL VIOLENCE**

**Background:**

Annually about 18,000 deaths in the US are due to homicide. Many more people are injured in non-fatal violence. Of these, many seek treatment at emergency departments (EDs). During 2002 there were more than 1.6 million ED visits due to assault. Of these, about 40% were females and 24% were aged 17 years or younger. More information is needed on non-fatal injuries due to assault, especially on different types of violence such as intimate partner violence (IPV), sexual violence (SV) and child maltreatment (CM).

It is proposed that data collection continue using a second screen on assault that was developed, tested and added to the NEISS-AIP data collection system in order to:

- Provide more data on the circumstances of assault in general among persons presenting to EDs for interpersonal violence, in addition to what is available in the NEISS-AIP screen;
- Obtain more information for different types of assault, including IPV, SV and CM;
- Act as an early warning system on emerging trends in regard to assault; and
- Provide data on assault cases presenting to EDs to inform more in-depth studies.

**Purpose:**

This proposal concerns the continuation of data collection on interpersonal violence (IV) using the specifically designed special screen on assault for cases treated in participating NEISS-AIP hospitals.

**Methods:**

**1. Data collection**

- a. **Description:** Continue to collect data on cases of assault seen at NEISS-AIP hospitals, by using the second screen on assault.
- b. **Sample:** All hospitals participating in NEISS-AIP.
- c. **Case definition:** All cases where Intent=1 (Assault/intentional injury, confirmed or suspected) is to be included.
- 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 agreement is approved from the date of signature for both agencies through **September 30, 2016**.

**III. ESTIMATED COSTS**

Estimated costs are \$165,155. This cost estimate is broken down into the following sub-categories:

Data collection and provision of data to CDC	\$165,155.00
Total	\$165,155.00

**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** in the amount not to exceed \$165,155.00 will be transferred to CPSC via OPAC using the following account data:

	<u>From</u>	<u>To</u>
Agency	CDC	CPSC
Agency Symbol	75-09-0421	61000001
Appropriation	75-16-0952	0100A16RSE-2016-1117900000-EXHR-04310
CAN	939ZSGT	
Object Class	2512	252E0
Amount	\$165,155.00	\$165,155.00

When billing CDC through the OPAC system, CPSC will reference agreement number **14FED1405484**.

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. EQUIPMENT

There is no equipment to be covered under this agreement.

VII. TRAVEL

There is no travel involved in this agreement.

VIII. CONFLICT WITH EXISTING AGREEMENTS

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

IX. PROGRAM CONTACTS

CDC: Leroy Frazier  
 NCIPC, DVP (K60)  
 4770 Buford Highway, NE  
 Atlanta, Georgia 30341-3724  
 (770) 488-1507

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

X. BUDGET CONTACTS

CDC: Brigetta Jones  
NCIPC/OD (F-63)  
4770 Buford Highway, NE  
Atlanta, Georgia 30341-3724  
(770) 488-1477

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

XI. 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.

XII. 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.

## APPENDIX A: Proposed questions for NEISS-AIP 'Assault' screen

These questions apply for all cases where Intent=1 (Assault, confirmed or suspected)

Hospital name, Case ID Number, Treatment date, Hosp ID Number, Patient's age

1. **Time of arrival at ED (24 hour clock)**
  
2. **Who was the perpetrator(s)/counterpart(s) involved in the assault?**  
[Please provide the text describing all perpetrator(s) involved in the assault]  

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3. **How many perpetrators/counterparts were involved?**
  - One
  - Two or more
  - Unknown/Not stated/No information
  
4. **What was the sex of the perpetrator(s)/counterpart(s)?**
  - Male [*Includes terms such as man, boy, father, boyfriend*]
  - Female [*Includes terms such as woman, girl, mother, girlfriend*]
  - Both
  - Unknown/Not stated/No information
  
5. **Was the perpetrator(s)/counterpart(s) a peer of the patient?**
  - Yes [*Includes terms such as classmate, colleague, etc.*]
  - No
  - Unknown/Not stated/No information

**If this case involved violence against a child (0-17 years) please answer Question 6.**

*Note: on the final computer 2<sup>nd</sup> screen this item would read as a yes/no question with a skip pattern set up (e.g. Did this incident involve violence against a child).*

6. **Was the case referred to CPS (Child Protective Services)?**
  - Yes
  - No (please specify why case was not referred, if known)  

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  - Unsure
  - Unknown/Not stated/No information

**If this case involved a sexual assault please answer Questions 7–9 below.**

*Note: on the final computer 2<sup>nd</sup> screen this item would read as a yes/no question with a skip pattern set up.*

**7. Was an examination done by a SANE (Sexual Assault Nurse Examiner)/SART (Sexual Assault Resource Team) nurse?**

- Yes
- No (please specify why an exam was not done, if known *e.g. patient declined*)  
\_\_\_\_\_
- Unsure
- Unknown/Not stated/No information

**8. Were prophylactic antibiotics provided to the patient?**

- Yes
- No (please specify why not provided, if known *e.g. patient declined*)  
\_\_\_\_\_
- Unsure
- Unknown/Not stated/No information

**9. Was emergency contraception provided?**

- Yes
- No (please specify why not provided, if known *e.g. patient not at risk for pregnancy, patient declined, etc.*) \_\_\_\_\_
- Unsure
- Unknown/Not stated/No information