



FEDERAL OCCUPATIONAL HEALTH
 Improving the health, safety, and productivity of our Federal employees.



**Financial Information and Payment Method for
 FOH Agreement: A104960 with
 Consumer Product Safety Commission (CPSC)**

The Debt Collection Improvement Act of 1996 (DCIA) requires that, subject to the authority of the Secretary of the Treasury to grant waivers, all Federal payments made after January 1, 1999 must be made by electronic funds transfer (EFT).

PAYMENT METHOD - IPAC

U.S. TREASURY - INTRA-GOVERNMENTAL PAYMENT and COLLECTION (IPAC)

Through the IPAC system, federal agencies will receive an electronically transmitted invoice for services rendered under this interagency agreement.

a. Agency Location Code (ALC) [Mandatory]

6	1	0	0	0	0	0	1
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b. Agency Obligor Document Number [Mandatory]

(e.g. PO, MIPR, MO, IAA, ACT, DW)

CPSC-I-16-0009

c. Treasury Account Symbol (TAS) [Mandatory] Enter your agency's Treasury Account Symbol in the blanks provided. Please use one of the three approved fiscal year formats as described in the table:

AID	FY	MAIN	SUB
061	2016	0100	000

Agency Identifier (AID)

Fiscal Year (FY)

Main Account # (Main)

Sub Account Code (SUB)

Samples

Format: 3 digits
Example: 014

Single Year (SY): 2 digits
Multi Year (MY): 4 digit
(Ex. 2013-2014 = 1314)
No Year (NY): X

Format: 4 digits
Example: 1036

Format: 3 digits
Example: 000

SY: 014-13-1036-000
MY: 014-1314-1036-000
NY: 014-X-1036-000

d. Common Accounting Number (or Budget Code/Cost Center)

0100A16DSE 2016 9993800000 EXFS002600
253V0

e. Object Class Code

f. DUNS Number [Mandatory] (or Duns + 4)

0	6	9	2	8	7	5	2	2	+				
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g. Employer Identification Number (EIN)

5	2	-	0	9	7	8	7	5	0
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h. Amount of Obligation [Mandatory]

\$3,000.00

i. Expiration date of funds (if applicable)

j. Agency IPAC Finance contact [Mandatory]

Maggie Wade

Billing Address	k. Agency IPAC Finance Contact Information [Mandatory]
	Phone # (301) 504-7426

Fax #	(301) 504-0025
Email	

I. In accordance with appropriation law, disclosure from the Customer is required in identifying the type of source funds and their intent to ensure that funds are being used in accordance with the appropriation. (Please select only one.):

Research & Development

Program

Administrative

Other (Enter the description of the type of source funds) _____

Department of Defense Only (at least one is required):

Fiscal Station Number (FSN) _____

Accounting and Disbursing Station number (ADSN) _____

Authorized Accounting Activity (AAA) _____

Activity Address Code (AAC) _____

Customer Funding Official:

Servicing Agency Funding Official:

Funding Official: - The Funds Approving Official certifies that funds are accurately cited and can be properly accounted for per the purposes set forth in this Agreement.

Customer Funding Official	Servicing Agency Funding Official
Name James Baker	Name
Title Budget Officer	Title
Telephone Number (301) 504-7575	Telephone Number
Fax Number	Fax Number
Email Address jbaker@cpssc.gov	Email Address
Office Address 4330 East West Highway Bethesda, MD 20814-4408	Office Address
Signature 	Signature
Date Signed 10/26/2015	Date Signed

Completed forms should be faxed to (206) 220-7582
Please attach a copy of your agency's obligating document.

The FOH EIN is 26-1844759. The FOH DUNS is 024199981.
If your agency shares FOHS' ALC (75030030), your funds will be manually processed.



FEDERAL OCCUPATIONAL HEALTH

Improving the health, safety, and productivity of our Federal employees.



Interagency Agreement

between

Consumer Product Safety Commission (CPSC)

and Federal Occupational Health Service

No. A104960

I. Purpose

The Department of Health and Human Services (HHS), Federal Occupational Health Service (FOH) and Consumer Product Safety Commission (CPSC) hereby enter into an agreement effective 10/26/15. The agreement establishes a means for FOH to provide requested occupational and/or environmental health services as well as a framework for the development of future statements of work and tasks for any of the available services noted in Section III below.

This Customer Service Agreement (CSA), which includes the IAA, SOWs and related funding should be carefully reviewed by the Receiving Agency ("the Customer") and Federal Occupational Health Service (FOH). The general provisions listed in this document constitute an agreement between FOH and the Customer. In executing the CSA as evidenced by signature in Section XII of the IAA and the provided financial information, both parties acknowledge that they understand and agree with the general provisions, and that suspension or termination of services may result as a consequence of not adhering to these provisions.

If another document (e.g. MIPR, IA, MOU) has been initiated by the Customer in addition to this document, the FOH CSA prevails.

II. Authority

HHS/FOH, as the servicing agency enters into this interagency agreement pursuant to 5 U.S.C. §7901 – Health Services Programs (PL 79-658) that authorizes the heads of agencies to establish health services programs and 42 U.S.C. 231 and the Service and Supply Fund (SSF) Charter.

Customer Agency's Authority: Consumer Product Safety Act (15 U.S.C. 2076 (g))

III. Available Services

Services provided under this agreement are detailed in the attached Statement(s) of Work (SOW) or Project Estimates (PE). These SOW(s) / PE(s) may be modified or additional ones added, upon agreement of both parties, during the effective period of the IAA.

If a periodic review of SOW(s) / PE(s) is required, the periodicity and specific review requirements will be detailed in appropriate SOW(s) / PE(s).

The Customer will provide FOH with projections of support volume. Significant changes in the receiving organization's support requirements should be submitted to FOH in a manner that will permit modification of resource requirements. It is the responsibility of the Customer to bring these major changes in required support to the attention of FOH as soon as possible prior to changing support requirements.

IV. Confidentiality

FOH adheres to professional and legal standards of confidentiality of records consistent with the needs and requirements related to specific services. Requirements related to each service are addressed in the SOW(s)/PE(s) issued under this agreement.

Users of FOH systems must comply with FOH usage policies (see http://www.hhs.gov/ocio/policy/hhs-ocio-2010-0002.001s_hhs_rules_of_behavior.html).

V. Management

FOH will oversee program operations, monitor provider performance, and perform other required program management functions. FOH is the sole point of contact with the agency for all services provided under this agreement.

To aid in managing services delivered under this CSA, FOH will identify appropriate Points of Contact (POC) for the CSA, budget-related issues and billing-related issues. Each agency will designate by name and title, one person who will serve as the program Point of Contact (POC) for each Statement of Work. This individual will work with FOH POC(s) to assure that all services are provided in accordance with this agreement. The contacts will be listed in Section VIII of each SOW following the signature block.

Employee Medical File System Manager Designation

Employee medical records created or maintained under this agreement will be managed according to the OPM Govt-10 System of Records Notice and archived to National Archives and Records Administration unless an official agency Employee Medical File System Manager is designated, consistent with OPM-Govt-10 Notice.

Cost Estimates and Inter-entity Costs

FOH cost estimates have been prepared in accordance with the Managerial Cost Accounting Standards, Statement of Federal Financial Accounting Standards No. 4 (FASAB, July 31, 1995) and Attachment B and C of OMB Circular No. A-76, Performance of Commercial Activities revised May 29, 2003. The agency may use FOH charges under this agreement to report on the full cost of goods and services received, in conformity with the Standards. A small amount should be added to FOH charges to reflect imputed inter-entity costs that WILL NOT be billed to your agency. Each year FOH will provide an estimate of those inter-entity costs expressed as a percentage.

VI. Funding

The Organization signing this interagency agreement agrees to transfer funds in amounts to be determined on future agreement modifications as requested by CPSC, to FOH to pay for program operation and management support, including necessary personnel services, supplies and equipment, and miscellaneous expenditures required for completion of the work. Title to and ownership of any property purchased from funds transferred under this agreement will reside with FOH unless otherwise noted. When applicable, FOH may request that each participating agency provide annual employee population data to determine the cost for certain occupational health services. Note that prices for services may change annually in accordance with costs of securing goods and services. On a monthly basis, FOH will initiate an electronic transfer of funds via the U.S. Treasury's Intra- Governmental Payment and Collection (IPAC) system. Those organizations not using IPAC may use credit cards. Each individual Statement of Work or Task Order will specify the method of payment selected by the Agency along with certain fiscal information required by the IPAC system.

An obligating document should be provided to FOH in accordance with HHS Departmental Financial Policy. Once this CSA is fully executed, obligations must be processed and recorded within 10 calendar days of execution, or the end of the calendar month, whichever comes first. CSAs must be fully executed and provided to the Customer before work begins. In the event of a Continuing Resolution (CR), an obligating document is still required and can be funded in accordance with the applicable CR guidance. Once the budget is passed and the Customer is no longer operating under the CR, the CSA will be considered fully funded when the Customer provides an obligating document covering services for the remainder of the fiscal year. Any change to the amount due to fluctuations in the final budget will require a modification of the CSA. Conversely, the receiving organization will provide FOH with additional funding to cover charges in excess of advanced fiscal year funding, and credits will be issued in the instance of excess charges.

In the case of emergency services such as those provided for severe weather, health epidemic, or Executive Order, the receiving organization will provide FOH with a funding document to cover the cost of the emergency services within 60 calendar days. A continuing resolution is not considered an emergency.

The Customer will provide financial and budget points of contact to assist FOH in determining and obtaining the appropriate funding documentation and to provide any additional information.

Changes to rates will be in accordance with the provisions of the SSF Charter. For rate changes that do not require Board action, the Customer will be notified immediately of such rate changes that affect the support received. All hourly rated services will be charged in the increments of quarter hours. In the event of changes, the Customer will continue to be notified of the approved rates/amounts applicable.

This CSA will not be valid for American Recovery & Reinvestment Act of 2009 (ARRA) funding. State and/or attach additional unique requirements and/or mission specific restrictions specific to this CSA.

VII. Billing and Security Provisions

Billing: FOH will provide clear statements of costs via the STM Customer Portal. Additionally, FOH will provide online access to the billing system for recurring Customers and to named points of contact provided by the receiving organization. Customer bills will be available at the end of each month. Discrepancies in monthly charges must be addressed to the FOH Billing Office within 60 days of the close of the quarter in which the billing occurred.

Billing Resolution: The Customer will contact the listed FOH program or fiscal POC regarding billing

Consumer Product Safety Commission (CPSC) IAA: A104960
inquiries. The Customer reserves the right to dispute requested payment amounts on a month-to-month basis through the dispute resolution process. The Customer must provide any detailed information or documentation required to support the dispute. FOH has seven (7) business days to respond to Customer inquiries. If the FOH program or fiscal POC does not respond within 7 business days, the FOH signature authority should be notified.

Emergency: In case of emergency (e.g. significant emergencies caused by inclement weather or severe power outages) which affects FOH, this CSA will remain in force only within the extent of FOH's capabilities.

Security and Privacy: FOH will comply with all applicable laws and policies relating to security and privacy, including: NIST, HHS Policies and the Privacy Act of 1974 as amended at 5 U.S.C. 552a where applicable. System security is integrated into FOH's products and service offerings where applicable.

Customer Satisfaction: FOH will measure the quality of the service delivery as the percentage of customers expressing overall satisfaction with services provided. To measure customer satisfaction, FOH will use its Online Comment Card responses to obtain the percentage of customers that rate overall satisfaction with services as Satisfied or Very Satisfied. To ensure quality service delivery across all products and service lines, FOH will strive to achieve customer satisfaction rating in accordance with the Products and Services Directory.

VIII. Period of Agreement and Cancellation

This agreement is in effect starting on 10/26/2015 and ends on 09/30/2016 unless amended in writing by the participating parties or cancelled by either party upon 60 days written notification. Closeout or termination costs will be negotiated and assessed for work underway at the time of termination.

IX. Closeout/ Termination Costs

Closeout or termination costs will be negotiated and assessed for work underway at the time of termination. The agency shall pay FOH actual incurred costs due to the failure to provide the requisite notice of its intent to terminate the IAA; provided such costs are directly attributable to the failure to provide notice.

X. Special Terms and Conditions

There are no special terms and/or conditions.

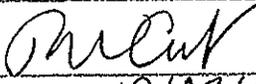
XI. Disputes

Disputes related to this IAA shall be resolved in accordance with instructions provided in Treasury Financial Manual (TFM) Intragovernmental Business Rules: Volume I, Part 2, Chapter 4700, Appendix 10, available at <http://www.fms.treas.gov/tfm/index.html>, or any subsequent Intragovernmental Business Rules TFM release.

XII. Official Authorization

We, the undersigned agency representatives, having the delegated authority to enter into this agreement, hereby agree that FOH will provide the occupational and/or environmental health services, as further described in the Statements of Work issued under this agreement and at the prices quoted therein, with services not to be delivered until FOH receives a signed and completed copy of this agreement.

Signature Authority

	Agency Signatory	ROH Signatory (Area Service Director)
Name	Linda Delaney	Priscilla Clark
Title	Contracting Officer	Director, Clinical Health Services
Address	4330 East-West Highway Bethesda, MD 20814	4550 Montgomery Ave. Bethesda, MD 20814
Phone	(301) 504-7849	(301) 594-5403
Fax		(301) 480-1357
Email	ldelaney@cpsc.gov	priscilla.clark@foh.hhs.gov
Signature		
Date	10/26/2015	10/27/15



FEDERAL OCCUPATIONAL HEALTH

Improving the health, safety, and productivity of our Federal employees.



Statement of Work for CLINICAL WELLNESS SERVICES & RESPIRATOR CLEARANCES

Inter-Agency Agreement No. A104960 SOW No. S104961

For

Consumer Product Safety Commission (CPSC)

I. Scope

This Statement of Work is to provide employees of the Consumer Products Safety Commission with the following occupational health services: health/wellness screening, respirator medical clearances, smoking cessation, flu & pneumococcal immunizations.

The estimated expected total funding for this Statement of Work for FY2016 is \$6,500.00.

In the event of a continuing resolution (CR), an obligating document is still required and can be funded in accordance with the applicable CR guidance. Once the budget is passed and the agency is no longer operating under the CR, the agreement will be considered fully funded. Any change to the amount due to fluctuations in the final budget will require a modification of the statement of work.

II. Services

The following standard services may be provided under this Statement of Work:

Procedures & Exams				
Procedures		Units	Schedule	Unit Price
1370	Audiometry	Each	B	\$40.75
1398	Chest X-Ray (PA View)	Each	B	\$129.00
1433	Best Vision	Each	A	\$7.00
1434	Best Vision	Each	B	\$33.50
1435	Comprehensive Vision	Each	A	\$7.00
1436	Comprehensive Vision	Each	B	\$40.25
1439	Wellness Vision Screening (Distance Only)	Each	B	\$20.25
1448	Tonometry	Each	A	\$42.75
1449	Tonometry	Each	B	\$56.00
1450	Vital Signs / Body Ht and Wt (no charge with exam)	Each		\$0.00

Consumer Product Safety Commission (CPSC) SOW No. S104961

Procedures & Exams				
Procedures		Units	Schedule	Unit Price
1451	Vital Signs / Body Ht and Wt (no charge with exam)	Each		\$0.00
4704	Venipuncture	Each		\$27.00
5446	Cholestech (Lipid Panel)	Each		\$22.00
6061	Cholestech (Tracking Only)	Each	A	\$0.00
Immunizations & Medications		Units	Schedule	Unit Price
1481	Influenza Virus (Seasonal) Vaccination	Each	A	\$19.25
1482	Influenza Virus (Seasonal) Vaccination	Each	B	\$33.75
1496	Pneumococcal Vaccine	Each	A	\$45.00
1497	Pneumococcal Vaccine	Each	B	\$65.25
1508	Tetanus Diphtheria Vaccination	Each	A	\$25.00
1509	Tetanus Diphtheria Vaccination	Each	B	\$41.25
1516	Tuberculosis Skin Test	Each	A	\$4.00
1517	Tuberculosis Skin Test	Each	B	\$32.25
5836	TDAP Vaccine	Each	B	\$67.25
5837	TDAP Vaccine	Each	A	\$40.50
Wellness & Walk-in Services		Units	Schedule	Unit Price
1534	Assessment and Evaluation	Each		\$0.00
1535	Assessment and Evaluation	Each		\$0.00
1536	Acute/Episodic Care by nurse	Each	B	\$60.50
1537	Bedrest	Each		\$0.00
1538	Blood Pressure measurement	Each		\$0.00
1539	Blood Pressure Screening	Each		\$0.00
1540	Body Temperature measurement	Each		\$0.00
1541	Glucose Stick Test (finger stick method)	Each	A	\$2.00
1542	Glucose Stick Test (finger stick method)	Each	B	\$8.50
1543	Educational Programs	Each		\$0.00
1545	Heat, Application of	Each		\$0.00
1548	Healthyfocus4you Motivation	Each	A	\$12.00
1554	Medication Administration	Each		\$0.00
1555	Outside Directed Care	Each		\$0.00
1557	Wound care	Each		\$0.00
1561	Smoking Cessation Program Nicotine Replacement Therapy (NRT) Patch 4 Week Supply (with interview)	Each	A	\$69.00
1562	Smoking Cessation Program Nicotine Replacement Therapy (NRT) Patch 4 Week Supply (with interview)	Each	B	\$149.50
1712	Healthyfocus4you OHC Referral	Each		\$0.00
5062	Ace Bandage, Application of	Each		\$0.00
5064	Health Education Program	Each		\$0.00
5069	Ht and/or Wt Measurement	Each		\$0.00

Consumer Product Safety Commission (CPSC) SOW No. S104961

Procedures & Exams				
Wellness & Walk-in Services		Units	Schedule	Unit Price
5253	Health Education Materials	Each		\$1.00
5260	Health Education Program (Cholesterol)	Each		\$0.00
7780	Health Ed: For the Health of It	Per Class		\$128.00
Exams		Units	Schedule	Unit Price
1602	Respirator Medical Clearance - Stand Alone Exam	Each	B	\$90.50
Billing Terms				
OHC Terms		Units	Schedule	Unit Price
1603	Record Processing services as related to Exams or Clearances	Each	A	\$6.00
1604	Record Processing services as related to Exams or Clearances	Each	B	\$19.50
1606	Record Processing (Mailing of X-rays)	Each	B	\$19.50
1607	Missed Work-up or missed procedure	Each	B	\$80.50
1608	Missed Exam	Each	B	\$64.00
1614	Mileage (changes every January pending guidance from GSA)	Miles		\$0.58
1615	Travel and per diem (includes administrative fees related to travel)	Dollars		\$1.00
1621	Outreach Nurse	Hours		\$80.50
Area Office Terms		Units	Schedule	Unit Price
1642	Physician - Occupational Medicine Consultant	Hours		\$222.50
1710	Record Review (Physician - 20 minutes)	Each	B	\$74.25
5048	Record Processing AMA 15 minutes per record	Each		\$12.50

Schedule Code Schedule Description

- A EAP OR Clinical labor charged separately from catalog service
- Items B EAP OR Clinical labor bundled within catalog service items

III. Projects

The following is a summary of customized project estimates that have been defined to be performed under this Statement of Work:

ProjNo	Title/Location	Est. Price	Ceiling
P184592	CPSC Office Workstation Ergonomic Assessment AUG2014 PE1	\$693.65	\$700.00

IV. Additional Information

Services are provided as described above.

V. Confidentiality

The Servicing Agency adheres to professional and legal standards of confidentiality of records consistent with the needs and requirements related to specific services. Requirements related to each category of specific service offered in this Statement(s) of Work will be specified in future agreement modifications as those specific services are requested by CPSC.

VI. Period of Performance

Agreement: A104960

Consumer Product Safety Commission (CPSC) SOW No. S104961

If no other dates are specified, this SOW will be in effect from the version date listed on this document through the end of the respective FY, unless otherwise indicated or amended in writing by the participating parties, or cancelled by either party upon 60 days written notification.

If this SOW has a period of performance other than that which is prescribed by the FY calendar, please list alternative period of performance dates here: This Statement of Work will take effect on 10/26/2015 (mm/dd/yyyy) and terminate on 09/30/2016 (mm/dd/yyyy).*

*Please note that should the period of performance cross fiscal years, the Servicing Agency reserves the right to adjust pricing as needed. In this event, a revised SOW will be sent to the agency with any price changes.

VII. Employee Medical File System Management Designation- (EMFSM)

If applicable, employee medical records created or maintained under this agreement will be managed according to the OPM Govt-10 System of Records Notice and archived to National Archives and Records Administration unless an official agency Employee Medical File System Manager is designated below to whom official records should be sent, consistent with OPM- Govt-10 Notice.

Name:

Title:

Phone number:

Fax number:

Email:

Address to send records:

Street:

City:

State:

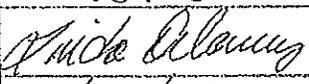
Zip:

If information related to the Employee Medical File System Manager has changed, please write in the updated information. Each participating agency will notify FOH of any changes in their EMFSM and revise the above information when changes occur.

VIII. Official Authorization

We, the undersigned agency representatives, having the delegated authority to enter into this agreement, hereby agree that FOH will provide the services, as described in this Statement of Work at the prices quoted, with services not to be delivered until FOH receives a signed and completed copy of this agreement.

Signature Authority

	Agency Signatory	FOH Signatory
Name	Linda Delaney	Priscilla Clark
Title	Contracting Officer	Director, Clinical Health Services
Address	4330 East-West Highway Bethesda, MD 20814	4550 Montgomery Ave. Bethesda, MD 20814
Phone	(301) 504-7849	(301) 594-5403
Fax	(978) 244-8640	(301) 480-1357
e-Mail	ldelaney@cpsc.gov	priscilla.clark@foh.hhs.gov
Signature		
Date	10/29/15	10/27/15

IX. Contacts

The following is a list of contacts associated with this Statement of Work. The contents of this list may change over time. For an up to date listing, please feel free to contact the FOH Program point of contact listed below.

Type	Name	City	State	Phone	e-Mail
Servicing Agency Fiscal POC	Barbara Stegbauer	Chicago	IL	(312) 353-4986	barbara.stegbauer@foh.hhs.gov
Status Report Recipient	Barbara Stegbauer	Chicago	IL	(312) 353-4986	barbara.stegbauer@foh.hhs.gov
Charge Reviewer	Diana Vargas	San Diego	CA	(619) 557-6042	diana.vargas@foh.hhs.gov
Servicing Agency Operations Lead	Diana Vargas	San Diego	CA	(619) 557-6042	diana.vargas@foh.hhs.gov
Requesting Agency Program POC	RON WELCH	Bethesda	MD	(301) 504-7091	RWelch@cpsc.gov
Servicing Agency Signatory	Priscilla Clark	Bethesda	MD	(301) 594-5403	priscilla.clark@foh.hhs.gov
Charge Reviewer	Aretha Lee	Bethesda	MD	(301) 594-5294	aretha.lee@psc.hhs.gov
Servicing Agency Program POC	Julia Cocagne	Bethesda	MD	(301) 594-9874	julia.cocagne@foh.hhs.gov
Account Executive	Julia Cocagne	Bethesda	MD	(301) 594-9874	julia.cocagne@foh.hhs.gov
Charge Reviewer	Jasmine Parson			(301) 594-4108	jasmine.parson@foh.hhs.gov
Requesting Agency Signatory	Linda Delaney	Bethesda	MD	(301) 504-7849	ldelaney@cpsc.gov