



DEPARTMENT OF HEALTH AND HUMAN SERVICES
ASSISTANT SECRETARY for ADMINISTRATION (ASA)
CUSTOMER SERVICE AGREEMENT (CSA)

ASA AGREEMENT NUMBER:

Task Number:

Modification Number:

INSTRUCTIONS

The Program Support Center (PSC), a component of the HHS Division of Administration, administers Customer Service Agreements (CSA) and performs billing services on behalf of the HHS Assistant Secretary for Administration (ASA). This CSA is the standard ASA form for reimbursable agreements between an ASA component that provides a service ('the Provider'), and a federal government agency ('the Customer') that receives that service. This CSA replaces all prior documents such as: Interagency Agreements (IAA), Memoranda of Understanding (MOU) and Service Level Agreements (SLA).

AGREEMENT SUMMARY

Customer Agency/Department Consumer Product Safety Commission		ASA Department/Program Office PSC/AOP/MPS	
Customer Lead Name Linda Delaney		ASA Lead Name BobbiSue Cline	
Address 4330 East West Highway, Bethesda, MD 20814-4408		Address 5600 Fishers Lane, Rockville, MD	
Phone (301) 504-7849		Phone (301) 651-3140	
Email ldelaney@cpsc.gov		Email bobbisue.cline@psc.hhs.gov	
Agreement Period:	Start Date (mm/dd/yyyy) 10/01/2015	End Date (mm/dd/yyyy) 09/30/2016	
ASA Service Provider/Cost Center Code (e.g. OP401): PSC AOP OP625/ Printing		Agreement Amount: \$33,000.00	

THE ASA CUSTOMER SERVICE AGREEMENT NUMBERING SCHEME

	Description	Number
ASA Agreement Number:	This field is for the ASA's use in documenting an internal tracking number.	ASA-16-CSA232
Task Number:	Each Task identified under this Agreement will be assigned a Task number. Each additional Task under this Agreement will be assigned a new Task number.	
Modification Number:	Subsequent changes to Tasks will be considered modifications and will be assigned a Modification number referencing such changes	

SECTION 1 – GENERAL PROVISIONS**INTRODUCTION**

- 1.1 This Customer Service Agreement (CSA) should be carefully reviewed by the Receiving Agency ('the Customer') and the Providing Agency ('ASA'). The document contains four parts:
- Section 1: Lays out General Provisions for this Customer Service Agreement (CSA).
 - Section 2: Lays out the Statement of Work (SOW) that describes the cost, delivery and quantity of work that has been agreed between ASA and the Customer.
 - Section 3: Captures Financial Information and Payment Methods and Information required to use the agreed payment method.
 - Section 4: Captures Officials' contact information and their approvals.
- 1.2 These General Provisions constitute an agreement between ASA and the Customer. In executing the CSA in Section 4 of this document, 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.
- 1.3 The agreement to provide a service will be executed by the ASA Authorizing Official shown in Section 4.1 (with additional concurring officials in Section 4.5, as required). Questions or concerns about execution of the service may be submitted directly to the ASA Program Office designated in Section 4.4. To aid with managing services delivered under this CSA, ASA and the Customer will identify appropriate Points of Contact (POC) for program, budget, financial, and billing issues.
- 1.4 If another document (e.g. MIPR, IA, MOU) has been initiated by the Customer in addition to this document, the ASA CSA prevails.

STATUTORY AUTHORITY, FUNDING, REIMBURSEMENT, RESTRICTIONS, DISPUTES AND CANCELLATION PROVISIONS**1.5 Statutory Authority:**

a. All provisions of this CSA shall comply with 42 U.S.C. 231 and the Service and Supply Fund (SSF) Charter.

b. Customer Agency's Authority

Franchise Fund

Working Capital Funds

Other _____

Revolving Fund

Economy Act (31 U.S.C. 1535/FAR 17.5)

- 1.6 **Service Level Requirement Estimation and Changes in Estimates:** The Customer will provide ASA with projections of support volume. Significant changes in the receiving organization's support requirements should be submitted to ASA 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 ASA as soon as possible, prior to changing support requirements.
- 1.7 **Rates:** Changes to these 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.
- 1.8 **Funding and Reimbursement:** An obligating document should be provided to ASA. 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.

Funding Discrepancies: ASA will provide customers with invoices that will be available throughout the month via the PRICES Online Viewer (see 1.12.) Discrepancies in charges shall be addressed to the ASA Billing Office within 60 days of the close of the quarter in which the billing occurred (see Section 1.13 below for information on Billing Resolution.) The receiving organization may provide ASA with additional funding to cover charges in excess of advance fiscal year funding. Credits will be issued by ASA in the event 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 ASA with a funding document to cover the cost of provision within 60 days. A continuing resolution is not considered an emergency.

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

- 1.9 **Restrictions:** This CSA will not be valid for American Recovery & Reinvestment Act of 2009 (ARRA) funding. Additional unique requirements and/or mission restrictions relevant to this CSA should be attached or stated.
- 1.10 **Assisted Acquisition Small Business Credit Clause:** ASA will allocate the socio-economic credit to the Customer Agency for any contract actions it has executed on behalf of the Requesting Agency.
- 1.11 **Cancellation:** If this agreement is canceled, any implementing contract/order may also be canceled. If the agreement is terminated, ASA and the Customer shall agree to the terms of the termination, including costs attributable to each party and the disposition of awarded and pending actions.
- If ASA incurs costs due to the Customer's failure to give the requisite notice of its intent to terminate this agreement, the Customer shall pay any actual costs incurred by ASA as a result of the delay in notification, provided such costs are directly attributable to the failure to give notice.

INVOICING, PAYMENT, SECURITY AND OTHER PROVISIONS

- 1.12 **PRICES Automated Customer Invoices:** The PSC Revenue, Invoicing and Cost Estimation System (PRICES) is used by ASA to create customer invoices, manage billing, and generate the Intra-governmental Payment and Collection (IPAC) file used to enable automated fee collection.
- ASA will provide customers with invoices that have clear statements of costs, and that are available throughout the month via the PRICES Online Viewer. Customer Program Managers may use the PRICES Online Viewer to review invoices, and to validate services provided by ASA. The Customer Finance Office may use the IPAC data provided at Section 3.2 to confirm individual IPAC files and enable accurate and timely processing of accounting transactions.
- ASA Providers may also use the PRICES Online Viewer and the transmitted IPAC file to confirm the status of invoices and fee collection.
- The ASA Billing Office will provide and administer access to the PRICES system and Online Viewer to named points of contact specified by the customers or other user organizations. Access requests and general PRICES queries may be directed to PRICES@psc.gov.
- 1.13 **Billing Resolution:** Discrepancies in monthly charges shall be addressed to the ASA Billing Office within 60 days of the close of the quarter in which the billing occurred. Customers shall submit billing inquiries via the Dispute Resolution Tool in the PRICES Online Viewer.
- ASA has seven (7) business days to respond to Customer inquiries as follows:
- The Service Provider POC will respond directly to the Customer within three (3) business days of receipt of the automatic notification via email from the PRICES Online Viewer.
 - If the Service Provider POC does not respond within seven (7) business days, the ASA Billing Office will escalate the issue to the appropriate service area.
 - 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.
 - ASA will provide supporting documentation for the requested billing months upon request.
- 1.14 **Automated Collections and Payments:** ASA's preferred method of payment collection is via the Intra-governmental Payment and Collection (IPAC) System, a standardized inter-agency fund transfer mechanism. Other payment types and collection methods supported by ASA are described at Section 3.2.
- 1.15 **Emergency:** In the case of a significant emergency, such as those caused by inclement weather or severe power outages, this CSA will remain in force only within the extent of ASA's capabilities.
- 1.16 **Security and Privacy:** ASA will comply with NIST, HHS Policies and the Privacy Act of 1974 as amended at 5 U.S.C. 552a where applicable. System security is integrated into ASA's products and service offerings where applicable.
- 1.17 **Customer Satisfaction:** ASA will measure the quality of the service delivery as the percentage of customers expressing overall satisfaction with services provided. To measure customer satisfaction, ASA 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, ASA will strive to adhere to published performance standards.

SECTION 2 – STATEMENT OF WORK (If additional space is required, attach a separate document.)

2.1 Background and Scope:

ASA will provide services to Consumer Product Safety Commission
(Enter Customer Agency)

CPSC will provide Smartcard or key fob access to the site (building, elevators/stairwells, doors, etc.) and a specific space for the contract staff to work. CPSC will provide the files to be scanned along with any instructions, such as the resolution, color, page order, page orientation, metadata requirements, media type to store data, etc., that will assist the contractor in successfully completing the task. The contractor will not have access to the CPSC's network. The contractor will be responsible for providing the personal computer(s), scanner(s), CDs/DVDs, labels, and software needed to digitally capture the requested information. Refer to the attached Statement of Work for specifics.

2.2 Services:

The following services are to be provided under this statement of work:
(List Services to be provided here)

The Program Support Center, Division of Support Services will provide Document Conversion to the U.S. Consumer Product Safety Commission by use of it's contractor Quality Associates Incorporated (QAI).

2.3 Period of Performance:

This statement of work will take effect on 10/01/2015 and terminate on 09/30/2016
(Enter Start Date: mm/dd/yyyy) (Enter End Date: mm/dd/yyyy)

If no end date is specified, the Agreement will remain in effect twelve months from the date of final signature unless amended in writing by the participating parties or canceled by either party upon 60 days written notification.

2.4 Official Authorization:

ASA representatives, agree by signing Section 4.1 (and 4.5, if required) that ASA will provide the services, as described in this Statement of Work at the prices quoted (See Section 1.7), with services not to be delivered until the Customer receives a signed and completed copy of this CSA.

2.5 Additional Information and Attachments:

(include specific project information, e.g., deadlines, resources, etc., and list any attachments.)

SECTION 3 – FINANCIAL AND FUNDING INFORMATION

3.1 Agreement Amount: \$33,000.00

3.2 Payment Type: Please select the appropriate Payment Type.

Select below	Payment Type	Applicability	Notes for Customers
X	IPAC: The Intra-Governmental Payment and Collection system enables automated invoicing and collection	All customers receiving services from ASA (including HHS OpDivs: CMS, CDC, FDA, NIH, IHS) apart from the HHS exceptions noted below.	IPAC is ASA's preferred <i>Collection</i> method for <i>Payment</i> . ASA <i>Invoices</i> are generated in the PRICES system using IPAC data. See Sections 1.12-15.
	Non-IPAC: Customers shall specify the <i>non-IPAC Payment Type</i> to be employed: <input type="checkbox"/> ACH <input type="checkbox"/> Check	Non-HHS customers who prefer to use these methods of payment. Not applicable to HHS customers.	Payees shall include the PRICES Invoice Number with payment.
	HHS Non-IPAC	This payment method is applicable <i>only</i> to those HHS StaffDivs and OpDivs: ACF, AHRQ, ACL, HRSA, OS, SAMHSA.	<i>Collection</i> and <i>Payment</i> will be processed using the customer Obligating Document Number (ODN) provided on this form.
	Credit Card/Government Purchase Card	All customers with a government purchase card and the appropriate authorizations.	Refer to Point of Sale Contact for information concerning completion of transactions.

3.3 Component Treasury Account Symbol (TAS): Per Treasury directive, accounting information must be provided for all IPAC Customers in the Component TAS format; this table provides guidance for the format.

	Agency Identifier (AID)	Fiscal Year (FY)	Main Account Number (MAIN)	Sub Account Code (SUB)	Sample
Single Year TAS	Format: 3 digits Example: 014 or 514	Format: 2 digits Example: 12	Format: 4 digits Example: 1036	Format: 3 digits Example: 000	014-12-1036-000
Multi Year TAS	Format: 3 digits Example: 014 or 514	Format: 4 digits Example: 0911 (2009 - 2011)	Format: 4 digits Example: 1036	Format: 3 digits Example: 000	014-0911-1036-000
No Year TAS	Format: 3 digits Example: 014 or 514	Format: 1 character Example: X	Format: 4 digits Example: 1036	Format: 3 digits Example: 000	014-X-1036-000

Insert '0' for two-digit Agency Identifiers (AID). Enter Sub-Account Code (SUB) as '000' if not provided. Data elements are separated by a hyphen (-)

3.4 PRICES Project: PRICES Project is a function in PRICES that may be used to provide additional detailed management information. ASA Project Leads should indicate below if you request that ASA Billing Office initiate this Agreement as a PRICES Project:

Yes No

3.5 Questions: If you have questions concerning Invoices or payment type, or need guidance on setting up PRICES Projects, please contact the ASA Billing Office at PRICES@pac.gov

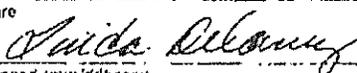
3.6 Information: Please provide appropriate funding information below where applicable. Additional information on financial fields is available at <http://www.fms.treasury.gov>.

Field	Description	Customer Funding Information	P&C and ASA Funding Information
Agency Location Code (ALC)		61-00-0001	75000030
Customer Agency Obligating Document # (e.g., PO, MIPR, MO, IAA, etc.)	Mandatory for all transactions except Credit/Purchase Card	CP&C-14-0009	N/A
Agreement Details	Mandatory where applicable	Customer IAA Number	ASA Agreement Number
Common Accounting Number (or Budget Code/Cost Center)	Mandatory for HHS Customers		E8616DM
Object Class Code	Optional	283X0	61002
Trading Partner Code	Optional - Enter the Receiving Agency's Trading Partner Code for FACTS I.	08100100	<input type="checkbox"/> ASA: 7501 <input checked="" type="checkbox"/> P&C: 760E
Treasury Account Symbol (TAS)	Mandatory - Enter one TAS for each Order Line for the Receiving Agency. Use Component TAS format per example on Page 5.	061-16-0100-000	075-X-4662-001
DUNS or Business Partner Number (BPN) (DUNS/BPN -4 optional)	Optional - Enter the Receiving Agency's DUNS or Business Partner Number (BPN). Note: BPN is the standard name; however, this may be a trading partner's DUNS. Other - For use by other Providers, insert component name and DUNS (Example: AOS Mail Ops KC 075870288)	DUNS: 069287822	<input type="checkbox"/> ASA: 066030740 <input checked="" type="checkbox"/> P&C: 043882318
			Other: Name: DUNS:
Employer Identification Number (EIN)	Mandatory	520878750	<input type="checkbox"/> ASA: 28-1864518 <input checked="" type="checkbox"/> P&C: 28-1844798
Additional Accounting Classification Information (e.g. PRICES Billing Code)	Optional - Enter additional important accounting information used for internal tracking for the Receiving Agency and/or Servicing Agency.	0100A1808E-2016-62577 00000-GC00001380-283X	E8616DM
Amount of Obligation	Mandatory - Enter numbers only, no commas or periods	\$33,000.00	N/A
Customer Agency Funding Expiration Date: 09/30/2017			
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.			
<input type="checkbox"/> Research & Development <input type="checkbox"/> Program <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Other (Enter the description of the type of source funds): _____			
THE FOLLOWING INFORMATION IS REQUIRED OF DEPARTMENT OF DEFENSE (DoD) ENTITIES ONLY.			
1. Fiscal Station Number (FSN)			
2. Accounting and Disbursing Station Number (ADSN)			
3. Authorized Accounting Activity Number (AAA)			
4. Activity Address Code (AAC)			

SECTION 4 – CONTACT INFORMATION AND APPROVALS

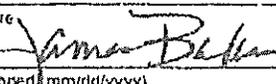
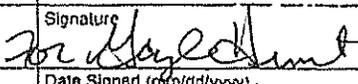
4.1 Agency Authorizing Officials' Contact Information and Approval:

Agency Authorizing Officials – Both the Customer Agency and ASA designate the officials listed below as being responsible for authorizing the activities and scope of work specified in this Agreement.

Customer Agency's Authorizing Official	ASA's Authorizing Official
Name Linda Delaney	Name Timothy M. Brown
Title Contracting Officer	Title Deputy Director, AOP
Telephone Number (301) 504-7849	Telephone Number (301) 492-4942
Fax Number (978) 244-8640	Fax Number (301) 492-4202
Email Address ldelaney@cpsc.gov	Email Address tim.brown@psc.hhs.gov
Office Address 4330 East West Highway, Bethesda, MD 20814-4408	Office Address 7700 Wisconsin Ave, Bethesda, MD
Signature 	Signature 
Date Signed (mm/dd/yyyy) 12/14/2015	Date Signed (mm/dd/yyyy) 12-17-15

4.2 Funding Officials' Contact Information and Approval:

Funding Officials – The Funds Approving Officials, as identified by the Customer and ASA, certify that funds are accurately cited and can be properly accounted for per the purposes set forth in this Agreement. The Customer's Funding Official signs to obligate funds, ASA's Funding Official signs to start the work, and to bill, collect, and properly account for funds from the Customer, in accordance with this Agreement.

Customer Agency's Funding Official	ASA's Funding Official
Name James Baker	Name Creighton Glantz, CPA
Title Budget Officer	Title Director, ASA Business Office
Telephone Number (301) 504-7575	Telephone Number 301-492-4914
Fax Number	Fax Number 301-492-4931
Email Address jbaker@cpsc.gov	Email Address Creighton.Glantz@psc.hhs.gov
Office Address 4330 East West Highway, Bethesda, MD 20814-4408	Office Address 7700 Wisconsin Avenue, Suite 2407, Bethesda, Maryland 20814
Signature 	Signature 
Date Signed (mm/dd/yyyy) 12/14/2015	Date Signed (mm/dd/yyyy) 12/23/2015

4.3 Finance (Accounting Office) Contact Information:

Finance Officials – The Finance or Accounting Office points of contact listed here will help resolve customer payment and post-collection issues, but will refer invoicing and billing issues to the appropriate staff component.	
Customer Agency's Finance Official	ASA's Finance Official
Name Debbie Young	Name Timothy Walsh
Title Payment Officer	Title GOVS AR TEAM LEAD
Telephone Number (405) 954-7467	Telephone Number (301) 443-5448
Fax Number	Fax Number (301) 443-2089
Email Address 9-AMC-AMZ-CPSC-Accounts-Payable@faa.gov	Email Address timothy.walsh@psc.hhs.gov
Office Address CPSC Acct Payable Br., AM-160 PO Box 25710, Oklahoma City	Office Address 12501 Ardennes Avenue, Suite 200 Rockville, MD 20857

4.4 Program Office Contact Information:

Program Office – Please include any additional points of contact relative to the management of this Agreement (e.g., Project Officer).	
Customer Agency's Program Office	ASA's Program Office
Type of Contact Project Officer	Type of Contact Project Officer
Name Angela T. Heggs	Name James Helton
Title Technical Information Specialist	Title PSC Printing Officer
Telephone Number (301) 504-6991	Telephone Number (301) 594-0555
Fax Number (301) 504-0127	Fax Number (301) 443-3089
Email Address aheggs@cpsec.gov	Email Address james.helton@psc.hhs.gov
Office Address 4330 East West Highway, Room 820, Bethesda, MD 20814	Office Address 5600 Fishers Lane, Rockville, MD

4.5 Additional Authorizing Officials' Contact Information and Approval:

Agency Authorizing Officials – If required, additional authorizing officials may complete this section.	
Customer Agency's Authorizing Official	ASA's Authorizing Official
Name	Name
Title	Title
Telephone Number	Telephone Number
Fax Number	Fax Number
Email Address	Email Address
Office Address	Office Address
Signature	Signature
Date Signed (mm/dd/yyyy)	Date Signed (mm/dd/yyyy)

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

IAA Number CPSC-I-14-0009 . 0007 . Servicing Agency's Agreement
 GT&C # Order # Amendment/Mod # Tracking Number (Optional) ASA-16-CSA

PRIMARY ORGANIZATION/OFFICE INFORMATION					
24.	Requesting Agency			Servicing Agency	
Primary Organization/Office Name	U.S. CPSC GCOS			HHS/Program Support Center/Mail and Publishing Services	
Responsible Organization/Office Address	4330 East West Highway, Room 820 Bethesda, MD 20814			5600 Fisher Lane Rockville, MD 20857	
ORDER/REQUIREMENTS INFORMATION					
25. Order Action (Check One)					
<input type="checkbox"/> New					
<input checked="" 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. Block 26 'Funding Modification Summary Block' is hereby modified to provide funding for FY-2016 in the amount of \$33,000.00. All other terms and conditions remain the same.					
<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	\$30,000.00	\$	\$	\$	\$30,000.00
Cumulative Funding Changes From Prior Mods (addition (+) or reduction (-))	\$ 147,209.57	\$	\$	\$	\$ 147,209.57
Funding Change for This Mod	\$33,000.00	\$	\$	\$	\$ 33,000.00
TOTAL Modified Obligation	\$ 210,209.57	\$ 0.00	\$ 0.00	\$ 0.00	\$ 210,209.57
Total Advance Amount (-)	\$	\$	\$	\$	\$ 0.00
Net Modified Amount Due	\$ 210,209.57	\$ 0.00	\$ 0.00	\$ 0.00	\$ 210,209.57
27. Performance Period					
	Start Date	<u>10-01-2015</u>	End Date	<u>09-30-2016</u>	
		MM-DD-YYYY		MM-DD-YYYY	
For a performance period mod, insert the start and end dates that reflect the new performance period.					

IAA Order

IAA Number CPSC-I-14-0008 - 0007 Servicing Agency's Agreement
 GT&C # Order # Amendment/Mod # Tracking Number (Optional) ASA-16-CSA

28. Order Line/Funding Information													Line Number _____				
Requesting Agency Funding Information									Servicing Agency Funding Information								
ALC		61-00-0001							75-03-0030								
Component TAS Required by 10/1/2014	SP	ATA	AID	DPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	DPOA	EPOA	A	MAIN	SUB	
											075			X	4552	001	
OR Current TAS format		061-16-0100-000							075-X-4552-001								
BETC		DISB							COLL CAN: E8616DM								
Object Class Code (Optional)		US Treas. Code: 61160100							61602								
BPN		TIN: 520978750							043982318								
BPN + 4 (Optional)		DUNS: 069287522															
Additional Accounting Classification/Information (Optional)		0100A16DSE-2016-5257700000-G C00001350-253X0 - \$33,000.00							E8616DM/OP625								
Requesting Agency Funding Expiration Date 09-30-2016 MM-DD-YYYY									Requesting Agency Funding Cancellation Date 09-30-2021 MM-DD-YYYY								
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.)																	
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		\$33,000.00		\$ 33,000.00					Total Obligated Cost		\$ 0.00						
Overhead Fees & Charges		\$							Advance for Line (-)		\$						
Total Line Amount Obligated		\$ 33,000.00							Net Total Cost		\$ 0.00						
Advance Line Amount (-)		\$							Assisted Acquisition Servicing Fees Explanation								
Net Line Amount Due		\$ 33,000.00															
Type of Service Requirements																	
<input checked="" type="checkbox"/> Severable Service <input type="checkbox"/> Non-severable Service <input type="checkbox"/> Not Applicable																	

IAA Order

IAA Number CPSC-I-14-0009 - 0007 Servicing Agency's Agreement
 GT&C # Order # Amendment/Mod # Tracking Number (Optional) ASA-16-CSA

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

36. Delivery/Shipping Information for Products (Optional)

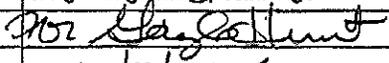
Agency Name	
Point of Contact (POC) Name & Title	
POC Email Address	
Delivery Address /Room Number	
POC Telephone Number	
Special Shipping Information	

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	Angela T. Heggs	Timothy Brown
Title	Technical Information Specialist	Deputy Director, AOP
Telephone Number	(301) 504-8991	(301) 492-4942
Fax Number	(301) 504-0127	(301) 492-4202
Email Address	aheggs@cpsc.gov	tm.brown@psc.hhs.gov
SIGNATURE	aheggs@cpsc.gov 	Timothy M. Brown -S 
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	James Baker	Creighton Glantz, CPA
Title	Budget Officer	PSC Budget Office
Telephone Number	(301) 504-7575	(301) 492-4914
Fax Number		(301) 492-4931
Email Address	jbaker@cpsc.gov	creighton.glantz@psc.hhs.gov
SIGNATURE	jbaker@cpsc.gov 	
Date Signed		12/31/2015

IAA Order

IAA Number CPSC-I-14-0009 - - 0007 Servicing Agency's Agreement
 GT&C # Order # Amendment/Mod # Tracking Number (Optional) ASA-16-CSA

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	Debble Young	Tim Walsh
Title	Payment Officer	GOVB AR Team Lead
Office Address	CPSC Acct Payable Br., AM-160 PO Box 25710, Oklahoma City, OK 73125	12501 Ardennes Ave., Suite 200 Rockville, MD 20857
Telephone Number	(405) 954-7467	(301) 443-5446
Fax Number		(301) 443-0539
Email Address	9-AMC-AMZ-CPSC-Accounts-Payable@cp	timothy.walsh@psc.hhs.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	Alberta E. Mills	Bobbi Sue Cline
Title	FOIA Officer	Director, Mail and Publishing Services
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Fax Number	(301) 504-0127	(301) 443-3089
Email Address	amills@cpsc.gov	bobbisue.cline@psc.hhs.gov
Signature & Date (Optional)	AMills <small>Digitally signed by Alberta E. Mills DN: cn=Alberta E. Mills, o=CPSC, ou=CPSC, email=amills@cpsc.gov, c=US</small>	Barbara S. Cline -A <small>Digitally signed by Barbara S. Cline -A DN: cn=Barbara S. Cline -A, o=HHS, ou=Department of Health and Human Services, email=barbara.s.cline@hhs.gov, c=US</small>
Name	Mary T. Boyle	James Helton
Title	Deputy General Counsel	PSC Printing Officer
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Fax Number		(301) 443-3089
Email Address	mboyle@cpsc.gov	james.helton@psc.hhs.gov
Signature & Date (Optional)	MBoyle <small>Digitally signed by Mary T. Boyle DN: cn=Mary T. Boyle, o=CPSC, ou=CPSC, email=mboyle@cpsc.gov, c=US</small>	
Name	Linda Delaney	
Title	Contracting Officer	
Office Address	4330 East West Highway Bethesda, MD 20814	
Telephone Number	(301) 504-7849	
Fax Number	(978) 244-8640	
Email Address	ldelaney@cpsc.gov	
Signature & Date (Optional)	ldelaney@cpsc.gov <small>Digitally signed by Linda Delaney DN: cn=Linda Delaney, o=CPSC, ou=CPSC, email=ldelaney@cpsc.gov, c=US</small>	