

ORDER FOR SUPPLIES OR SERVICES

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IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER 03/05/2010	2. CONTRACT NO (If any) CPSC-N-10-0127	6. SHIP TO:	
3. ORDER NO		a. NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION	
4. REQUISITION/REFERENCE NO.			

5. ISSUING OFFICE (Address correspondence to) CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814		b. STREET ADDRESS DIV OF HAZARD & INJURY DATA SYS 4330 EAST WEST HIGHWAY ROOM 604-26	
		c. CITY BETHESDA	d. STATE MD
		e. ZIP CODE 20814	

7. TO: LOUIS C HAMPERS MD MBA		f. SHIP VIA	
a. NAME OF CONTRACTOR THE CHILDRENS HOSPITAL ASSOCIATION			

b. COMPANY NAME		8. TYPE OF ORDER	
c. STREET ADDRESS 13123 EAST 16TH AVENUE L-283226		<input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR:	<input type="checkbox"/> b. DELIVERY
d. CITY AURORA		Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.	
e. STATE CO		f. ZIP CODE 80045	
Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.			

9. ACCOUNTING AND APPROPRIATION DATA See Schedule		10. REQUISITIONING OFFICE CONSUMER PRODUCT SAFETY COMMISSION	
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11. BUSINESS CLASSIFICATION (Check appropriate box(es))				12. F.O.B. POINT	
<input type="checkbox"/> a. SMALL	<input checked="" type="checkbox"/> b. OTHER THAN SMALL	<input type="checkbox"/> c. DISADVANTAGED	<input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED		
<input type="checkbox"/> d. WOMEN-OWNED	<input type="checkbox"/> e. HUBZone	<input type="checkbox"/> f. EMERGING SMALL BUSINESS			

13. PLACE OF		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) Multiple		16. DISCOUNT TERMS Net 30	
a. INSPECTION Destination	b. ACCEPTANCE Destination						

17. SCHEDULE (See reverse for Rejections)

ITEM NO (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	DUNS Number: HOSPITAL ID# 5N861033 BASIC CONTRACT: 10/01/09 THRU 09/30/10 Accounting Info: 0100A10DPS 2010 1117900000 EXFM004310 252E0 Continued ...					

18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOTAL (Cont. pages)
21. MAIL INVOICE TO:						
a. NAME CONSUMER PRODUCT SAFETY COMMISSION				\$25,454.00		17(i) GRAND TOTAL
b. STREET ADDRESS (or P.O. Box) DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522				\$25,454.00		
c. CITY BETHESDA		d. STATE MD	e. ZIP CODE 20814			

22. UNITED STATES OF AMERICA BY (Signature) 		23. NAME (Typed) Doris B. Kessler TITLE: CONTRACTING/ORDERING OFFICER	
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Todd Stevenson

**ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION**

PAGE NO

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DATE OF ORDER
03/05/2010

CONTRACT NO.
CPSC-N-10-0127

ORDER NO.

ITEM NO (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 2,250 MAXIMUM QTY: 11,250</p> <p>Period of Performance: 10/01/2009 to 09/30/2010</p>	9000	EA	2.73	24,570.00	
0002	<p>ESTIMATED QUANTITY SUPPLEMENTAL//SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 130 MAXIMUM QTY: 1,300</p> <p>Period of Performance: 10/01/2010 to 09/30/2011</p>	1300	EA	0.68	884.00	
0003	<p>OPTION PERIOD: 10/01/10 THRU 09/30/11</p> <p>ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS.</p> <p>MINIMUM QTY: 2,250 MAXIMUM QTY: 11,250 Amount: \$24,570.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 0100A10DPS-2010-1117900000-EXFM004310- 252E0 \$24,570.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p>	9000	EA	2.73	0.00	
0004	<p>ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS. Continued ...</p>	1300	EA	0.68	0.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

\$25,454.00

**ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION**

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IMPORTANT: Mark all packages and papers with contract and/or order numbers

DATE OF ORDER

CONTRACT NO.

ORDER NO

03/05/2010

CPSC-N-10-0127

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>MINIMUM QTY: 130 MAXIMUM QTY: 1,300 Amount: \$884.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 0100A10DPS-2010-1117900000-EXFM004310-252E0 \$884.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p> <p>The total amount of award: \$50,908.00. The obligation for this award is shown in box 17(i).</p>					

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

\$0.00