

**ORDER FOR SUPPLIES OR SERVICES**

PAGE OF PAGES  
1 2

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

1. DATE OF ORDER 05/25/2017	2. CONTRACT NO. (If any) CPSC-I-17-0019	6. SHIP TO	
3. ORDER NO.		a. NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION	
4. REQUISITION/REFERENCE NO. REQ-4400-17-0004			

5. ISSUING OFFICE (Address correspondence to) CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814		b. STREET ADDRESS DIRECTORATE FOR ENGINEERING SCI 5 Research Place	
		c. CITY Rockville	e. ZIP CODE 20850

7 TO: LAWRENCE MCKENNA	f. SHIP VIA
a. NAME OF CONTRACTOR FEDERAL EMERGENCY MANAGEMENT AGENCY	

b. COMPANY NAME	8. TYPE OF ORDER	
c. STREET ADDRESS 16825 SOUTH SETON AVENUE	<input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR:	<input type="checkbox"/> b. DELIVERY
d. CITY EMMITTSBURG	e. STATE MD	f. ZIP CODE 21727

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.

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.

9. ACCOUNTING AND APPROPRIATION DATA	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 type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone	
<input type="checkbox"/> f. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOSB PROGRAM <input type="checkbox"/> h. EDWOSB	

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

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: 037751583 COR: Matthew Brookman Phone: 301-987-2467 Email: mbrookman@cpsc.gov  1. This is to establish an Interagency Continued ...					

18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.	17(h) TOTAL (Cont. pages)
21. MAIL INVOICE TO			
a. NAME	CPSC Accounts Payable Branch		\$0.00
b. STREET ADDRESS (or P O Box)	AMZ 160 P.O. Box 25710		
c. CITY	d. STATE	e. ZIP CODE	\$0.00
Oklahoma City	OK	73125	17(i) GRAND TOTAL

22. UNITED STATES OF AMERICA BY (Signature)	23. NAME (Typed) Cassandra C. Sterba TITLE. CONTRACTING/ORDERING OFFICER
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**ORDER FOR SUPPLIES OR SERVICES  
SCHEDULE - CONTINUATION**

PAGE NO

2

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

DATE OF ORDER

CONTRACT NO.

ORDER NO.

05/25/2017

CPSC-I-17-0019

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>Agreement between the U.S. Consumer Product Safety Commission and the US Fire Administration (USFA) for the performance period of May 31, 2017 to May 31, 2018. USFA will provide support to CPSC for expanding the National Smoke and CO Alarm Survey. USFA funds will be used to fund increments or portion of increments associated with CPSC primary contract CPSC-F-16-0091, EurekaFacts LLC.</p> <p>Accounting Info: 0100A17DSE-2017-2151800000-EXHR004400-255A0</p> <p>NOTE: CPSC will be receiving monies for this contract. The service will increase the in-home survey service and primary sampling units (PSUs).</p> <p>The total amount of award: \$0.00. The obligation for this award is shown in box 17(i).</p>	1	EA	0.00	0.00	
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))					\$0.00	



UNITED STATES GOVERNMENT  
 INTERAGENCY AGREEMENT (IAA)  
 Agreement Between Federal Agencies  
 General Terms & Conditions (GT&C) Section



IAA Number \_\_\_\_\_  
 GT&C # \_\_\_\_\_ Order # \_\_\_\_\_ Amendment # / Mod # \_\_\_\_\_

<b>9. Estimated Agreement Amount</b> (The Servicing Agency completes all information for the estimated agreement amount)	
(Optional for assisted Acquisitions)	
Direct Cost _____ \$100,000.00	Provide a general explanation of the Overhead Fees and Charges
Overhead Fees & Charges _____	
Total Estimated Amount _____ \$100,000.00	
<b>10. STATUTORY AUTHORITY</b>	
<b>a. Requesting Agency's Authority (Check One)</b>	
Franchise Fund <input type="checkbox"/>	Revolving Fund <input type="checkbox"/>
Working Capital Fund <input type="checkbox"/>	Economy Act (31 U.S.C. 1535 / FAR 17.5) <input type="checkbox"/>
Other Authority <input checked="" type="checkbox"/>	
Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority 15 USC 2208 - National Fire Data Center P.L. 93-498, Federal Fire Prevention and Control Act of 1974	
<b>b. Servicing Agency's Authority (Check One)</b>	
Franchise Fund <input type="checkbox"/>	Revolving Fund <input type="checkbox"/>
Working Capital Fund <input type="checkbox"/>	Economy Act (31 U.S.C. 1535 / FAR 17.5) <input checked="" type="checkbox"/>
Other Authority <input type="checkbox"/>	
Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority	
<b>11. Requesting Agency's Scope (State and/or List Attachments that support Requesting Agency's Scope.)</b>	
Reference included FY17 USFA & CPSC IRWA Project Description for the Smoke Alarm Survey.	
<b>12. Roles and Responsibilities for the Requesting Agency and the Servicing Agency (State and/or list attachments for the roles and responsibilities for the Requesting Agency and the Servicing Agency)</b>	
Reference included FY17 USFA & CPSC IRWA Project Description for the Smoke Alarm Survey.	

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IAA Number	GT&C #	Order #	Amendment # / Mod #
<b>13. Restrictions (Optional)</b> (State and/or attach unique requirements and/or mission specific restrictions specific to this IAA).			
<b>14. Assisted Acquisition Small Business Credit Clause</b> (The Servicing Agency will allocate the socio-economic credit to the Requesting Agency for any contract actions it has executed on behalf of the Requesting Agency).			
<b>15. Disputes:</b> Disputes related to this IAA shall be resolved in accordance with instructions provided in the Treasury Financial Manual (TFM) Volume I, Part 2, Chapter 4700, Appendix 10; Intragovernmental Transaction (IGT) Guide.			
<b>16. Termination</b> (Insert the number of days that this IAA may be terminated by written notice by either the Requesting or Servicing Agency.) 90 If this agreement is canceled, any implementing contract/order may also be canceled. If the IAA is terminated, the agencies shall agree to the terms of the termination, including costs attributable to each party and the disposition of awarded and pending actions. If the Servicing Agency incurs costs due to the Requesting Agency's failure to give the requisite notice of its intent to terminate the IAA, the Requesting Agency shall pay any actual costs incurred by the Servicing Agency as a result of the delay in notification, provided such costs are directly attributable to the failure to give notice.			
<b>17. Assisted Acquisition Agreements - Requesting Agency's Organizations Authorized to Request Acquisition Assistance for this IAA</b> (State or attach a list of Requesting Agency's organizations authorized to request acquisition assistance for this IAA.)  N/A			
<b>18. Assisted Acquisition Agreements - Servicing Agency's Organizations Authorized to Request Acquisition Assistance for this IAA</b> (State or attach a list of Servicing Agency's organizations authorized to request acquisition assistance for this IAA.)  N/A			
<b>19. Requesting Agency Clause(s)</b> (Optional) (State and/or attach any additional Requesting Agency clauses.)  None			
<b>20. Servicing Agency Clause(s)</b> (Optional) (State and/or attach any additional Servicing Agency clauses.)  None			

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IAA Number \_\_\_\_\_

GT&C # \_\_\_\_\_

Order # \_\_\_\_\_

Amendment # / Mod # \_\_\_\_\_

Blank space for additional information.

**21. Additional Requesting Agency and/or Servicing Agency Attachments (Optional)** (State and/or attach any additional Requesting Agency and/or Servicing Agency Attachments)

Blank space for attachments.

**22. Annual Review of IAA**  
 By signing this agreement, the parties agree to annually review the IAA if the agreement period exceeds one year. Appropriate changes will be made by amendment to the GT&C and/or modification to any affected Order(s).

**AGENCY OFFICIAL**

The Agency Official is the highest level accepting authority or official as designated by the Requesting Agency and Servicing Agency to sign this agreement. Each Agency Official must ensure that the general terms and conditions are properly defined, including the stated statutory authorities, and, that the scope of work can be fulfilled as per the agreement.

The Agreement Period Start Date (Block 5) must be the same as or later than the signature dates.  
 Actual work for this IAA may NOT begin until an Order has been signed by the appropriate individuals, as stated in the Instructions for Blocks 37 and 38.

23.	Requesting Agency	Servicing Agency
Name	Alexandra Furr	Cassandra Sterba
Title	Chief, National Fire Programs	Contracting Officer
Telephone Number(s)	(301) 447-1353	(301) 504-7837
Fax Number		
Email Address	Alex.furr@fema.dhs.gov	csterba@cpsc.gov
<b>SIGNATURE</b>	ALEXANDRA L FURR	
Approval Date	05/09/2017	5-22-17

**INTERAGENCY AGREEMENT**  
**BETWEEN THE**  
**U.S. CONSUMER PRODUCT SAFETY COMMISSION (CPSC)**  
**AND THE**  
**US FIRE ADMINISTRATION (USFA)**

Title:

National Smoke and CO Alarm Survey (add-on)

Interagency Agreement  
between the  
U.S. Consumer Product Safety Commission (CPSC)  
and the  
US Fire Administration (USFA)

This is an Interagency Agreement between the U.S. Consumer Product Safety Commission (CPSC) and the US Fire Administration (USFA) to expand the National Smoke and CO Alarm Survey to capture data on the usage and operability of smoke and CO alarms in homes. The amount to be transferred from USFA to CPSC for FY 17 is \$100,000. This is for collaborations with CPSC.

**I. BACKGROUND**

In 1992, the Consumer Product Safety Commission (CPSC) sponsored a national in-home survey to collect information on the number of residential smoke alarms in actual use in homes and to evaluate the operability of the sampled alarms. The results were published in the 1994 report, Consumer Product Safety Commission Smoke Detector Operability Survey Report, which will be 25 years old in 2017. Although the survey results were instrumental for many years in developing codes and standards related to smoke alarms, subsequent changes in technology, in installation codes, and in state/local ordinances have rendered the information outdated and less effective. Accordingly CPSC staff and other fire safety advocates are working together to sponsor a new survey to collect new data on smoke alarm use and operability.

In addition to changes in smoke alarms and their implementation in the 25 years since the survey was completed, residential use of CO alarms has increased considerably. Recognizing the value that the smoke alarm survey has had in improving UL 217 and the installation code, NFPA 72, CPSC proposed to conduct a similar national in-home survey to document CO alarm implementation. The information can help improve UL 2034 and guide state and local jurisdictions for the use and installation of CO alarms. While the installation codes for the two products, especially as required by states or local jurisdictions, are different, it was determined that the two surveys could be combined as a means of optimizing resources.

To enhance the results of this national survey, a workshop was held to collect input from experts and stakeholders on February 15, 2017. The workshop provided input for the survey questions and the methodology to be implemented during survey development and execution.

**II. DESCRIPTION OF SERVICES**

General Description

The purpose of this agreement is to provide support to the CPSC for expanding the National Smoke and CO Alarm Survey to obtain national estimates of usability and operability of smoke and CO alarms in homes. The data can be used by federal agencies and private organizations to (1) measure the magnitude and distribution of smoke and CO alarms in the United States; (2) identify specific cases for deficiency in smoke or CO alarms; (3) identify emerging problems with smoke or CO alarms; (4) assist in setting national priorities; and (5) assist in improving the standards and codes for smoke and CO alarms.

Scope of Work

The expansion of National Smoke and CO Alarm Survey requires adding additional home surveys to the existing contract with EurekaFacts that was awarded on September 20, 2016. The service will increase the

number of surveys and primary sampling units (PSUs). The contractor quoted approximately \$62,600 for each additional 100 home and 2 PSUs. Funding amounts less than \$62,600 will be pro-rated to the \$62,600 per 100 home and 2 PSU. The funds will be used to fund increments or portions of increments for the National Smoke and CO Alarm Survey associated with CPSC's primary contract as listed below.

CPSC Contract Number	GS-00F-211CA
Order Number	CPSC-F-16-0091
Award Date	09/20/2016
CPSC Point of Contact	Matthew J. Brookman MBrookman@cpsc.gov
EurekaFacts Point of Contact	Bohdana Sherehiy Sherehiyb@eurekafacts.com

CPSC will oversee the contractor in developing and managing the project.

### III. DURATION OF AGREEMENT

This agreement is in force from the date of signature by both agencies through May 31, 2018 unless terminated by 90 day written notice by one of the agencies.

### IV. ESTIMATED COSTS

<u>Project Task</u>	<u>Estimated Cost per 100 homes and 2 PSUs</u>
Task expansion configuration/administration	\$1.9K
Sampling and Selection	\$6.4K
Interviewer Training - 2 hrs. , 4 interviewers (2 interviewers per PSU)	\$3.4K
Data collection - 4 interviewers (2 interviewers per PSU)	\$27.0K
Status reports	\$1.4K
Data analysis	\$6.1K
Additional Reporting	\$5.4K
On-Demand Computing	\$11K
<b>Estimated Cost per 100 additional Homes and 2 PSUs</b>	<b>\$62.6K</b>

**Funding for \$100,000 supports approximately 160 homes and 3 PSUs for the National Smoke and CO Alarm Survey.**

### V. FUNDING

All funds provided by USFA 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 USFA 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.

### VI. ACCOUNTING AND BILLING INFORMATION

The amount to be transferred from USFA to CPSC at this time is \$100,000.

When billing USFA through the OPAC system, CPSC will reference agreement number CPSC-I-17-0019.

See Forms 7600A and 7600B for agency funding information.

#### VII. EQUIPMENT

If equipment is procured in order to provide services under this Interagency Agreement, USFA will retain title to the equipment. If the agreement is not renewed, USFA will offer to sell the equipment to CPSC at its depreciated value as determined by USFA at the time of sale.

#### VIII. TRAVEL

CPSC will not use any of the funds transferred to cover necessary travel under this agreement.

#### IX. CONFLICT WITH EXISTING AGREEMENTS

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

#### X. PROGRAM CONTACTS

- DHS/FEMA/USFA  
16925 South Seton Avenue  
Emmitsburg, MD 21727

Technical/Project Officer point of contact:

Name: Lawrence McKenna  
Title: Fire Program Specialist  
Telephone: (301) 447-1361  
E-mail: [Lawrence.McKennaJr@fema.dhs.gov](mailto:Lawrence.McKennaJr@fema.dhs.gov)

- U.S. Consumer Product Safety Commission  
5 Research Place  
Rockville, MD 20850

Technical/Project Officer point of contact

Name: Arthur Lee  
Title: Project Manager  
Telephone: (301) 987-2008  
E-mail: [alee@cpsc.gov](mailto:alee@cpsc.gov)

COR: Matthew Brookman  
Telephone: 301-987-2467  
E-mail: [mbrookman@cpsc.gov](mailto:mbrookman@cpsc.gov)

#### XI. BUDGET CONTACTS

See forms 7600A and 7600B for additional contacts

- **DHS/FEMA/USFA**  
16925 South Selton Avenue  
Emmitsburg, MD 21727

**Funding official:**

**Name:** Laura Chevalier  
**Title:** Budget Analyst  
**Telephone:** (301) 447-1614  
**E-mail:** Laura.Chevalier@fema.dhs.gov

- **U.S. Consumer Product Safety Commission**  
4330 East West Hwy  
Bethesda, MD 20814

**Funding official:**

**Name:** James Baker  
**Title:** Budget Officer  
**Telephone:** 301-504-7575  
**E-mail:** j baker@cpsc.gov

## **XII. MODIFICATION AND CANCELLATION**

This agreement may be modified by mutual consent of both parties or canceled upon 90 days advance written notice by either party.

## **XIII. LEGAL AUTHORITY**

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

UNITED STATES GOVERNMENT INTERAGENCY  
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 Agreement Between Federal Agencies  
 Order Requirements and Funding Information (Order) Section



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IAA Number \_\_\_\_\_ GT&C # \_\_\_\_\_ Order # \_\_\_\_\_ Amendment # / Mod # \_\_\_\_\_ Servicing Agency's Agreement Tracking Number (Optional) CPSC-I-17-0019

**PRIMARY ORGANIZATION / OFFICE INFORMATION**

<b>24.</b>	Requesting Agency	Servicing Agency
Primary Organization / Office Name	DHS/FEMA/USFA	US Consumer Product Service Commission (USCPS)
Responsible Organization / Office Address	16825 SOUTH SETON AVENUE EMMITSBURG, MD 21727	5 Research Place Rockville, MD 20850

**ORDER REQUIREMENTS INFORMATION**

**25. Order Action (Check One)**

**New**

**Modification (Mod)** - List affected Order blocks being changed and explain the changes being made. For Example: for a performance period mod, state the 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	\$100,000.00				\$100,000.00
Cumulative Funding Changes From Prior Mods [addition (+) or reduction (-)]					\$0.00
Funding Change for This Mod					\$0.00
<b>TOTAL Modified Obligation</b>	\$100,000.00	\$0.00	\$0.00	\$0.00	\$100,000.00
Total Advance Amount (-)					\$0.00
<b>Net Modified Amount Due</b>	\$100,000.00	\$0.00	\$0.00	\$0.00	\$100,000.00

**27. Performance Period** Start Date 05/31/2017 End Date 05/31/2018  
 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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28. Order Line / Funding Information										Line Number							
Requesting Agency Funding Information										Servicing Agency Funding Information							
ALC		70-07-0001								61000001							
Component	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB		SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB
TAS (required by 10/1/2014)			070	2017	2017		0413	000									
and/or current TAS format			070 17 0413						0100A17RSE-2017-2151800000-EXHR004400-255								
BETC			DISB						COLL								
Object Class Code (Optional)																	
BPN			037751583						069287522 / TIN 520978750								
BPN + 4 (Optional)																	
Additional Accounting Classification / Information (Optional)			2017FAF112U440W620042596D														
			DUNS# 037751583														
Requesting Agency Funding Expiration Date										Requesting Agency Funding Cancellation Date							
05/31/2017										05/31/2018							
MM-DD-YYYY										MM-DD-YYYY							
<b>Project Number &amp; Title</b> FY17 Smoke Alarm Survey																	
<b>Description of Products and/or Service, including the Bona Fide Need for this Order</b> (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 of first increment of performance of this acquisition.																	
North American Industry Classification System (NCAIS) Number (Optional)																	
<b>Breakdown of Reimbursable Line Costs and/or Breakdown of Assisted Acquisition Line Cost:</b>																	
Unit of Measure								Contract Cost									
Quantity		Unit Price		Total				Servicing Fees									
1		\$100,000.00		\$100,000.00				Total Obligated Cost		\$0.00							
Overhead Fees and Charges						Advance for Line (-)											
Total Line Amount Obligated				\$100,000.00				Net Total Cost		\$0.00							
Advance Line Amount (-)						Assisted Acquisition Servicing Fees Explanation											
Net Line Amount Due				\$100,000.00													
<b>Type of Service Requirements</b>																	
<input type="radio"/> Severable Service <input checked="" type="radio"/> Non-Severable Service <input type="radio"/> 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 post 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:** \$100,000.00  
 [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)

SEE ATTACHED SOW

**BILLING AND PAYMENT INFORMATION**

**32. Payment Method** (Check One) [Intra-governmental Payment and Collection (IPAC) is the Preferred Method.]

- 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): As IPAC'd by Servicing Agency

**34. Payment Terms** (Check One)

- 7 Days
- Other Payment Terms (include explanation): Net 30 Days

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**35. Funding Clauses / Instructions (Optional)** (State and/or list funding clauses/instructions)  
 Subject to the Availability of Funds

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

Agency Name	DHS/FEMA/USFA
Point of Contact (POC) Name & Title	Lawrence McKenna, Fire Program Specialist
POC Email Address	Lawrence.McKennaJr@fema.dhs.gov
Delivery Address / Room Number	16925 South Seton Avenue Emmitsburg, MD 21727
POC Telephone Number	(301) 447-1361
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	Alexandra H. Furr	Cassandra Sterba
Title	Director, National Fire Programs	Contracting Officer
Telephone Number	(301) 447-1353	(301) 504-7837
Fax Number	(301) 447-1049	
Email Address	alex.furr@fema.dhs.gov	csterba@cpsc.gov
SIGNATURE	ALEXANDRA L FURR	
Date Signed	05/09/2017	5-18-2017

**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	Laura Chevalier	James Baker
Title	Budget Analyst	Budget Officer
Telephone Number	(301) 447-1614	(301) 504-7575
Fax Number		
Email Address	Laura.Chevalier@fema.dhs.gov	jbaker@cpsc.gov
SIGNATURE	LAURA L CHEVALIER	CHRIS SMYDER ACTING
Date Signed	05/10/2017	5/23/17

UNITED STATES GOVERNMENT INTERAGENCY  
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IAA Number \_\_\_\_\_ GT&C # \_\_\_\_\_ Order # \_\_\_\_\_ Amendment # / Mod # \_\_\_\_\_ Servicing Agency's Agreement Tracking Number (Optional) CPSC-I-17-0019

<b>CONTACT INFORMATION</b>		
<b>39. FINANCE OFFICE Points of Contact (POCs)</b>		
	<b>Requesting Agency (Payment Office)</b>	<b>Servicing Agency (Billing Office)</b>
Name	Brian Lineweaver	Katherine McGuinness
Title	Supervisory Accountant	Acting Director
Office Address	PO Box 9001 Winchester, VA 22604	4330 East West Highway Bethesda, MD 20814
Telephone Number	(540) 504-1667	(301) 504-7465
Fax Number		
Email Address	Brian.Lineweaver@fema.dhs.gov	kmcguinness@cpsc.gov
Signature & Date (Optional)		
<b>40. ADDITIONAL Points of Contact (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	Tracey Oyler	Matthew Brookman
Title	Section Chief, Intergovernmental Pymnts	Fire Protection Engineer
Office Address	PO Box 9001 Winchester, VA 22604	5 Research Place Rockville, MD 20850
Telephone Number	(540) 504-1776	(301) 987-2467
Fax Number		
Email Address	Tracey.Oyler@fema.dhs.gov	mbrookman@cpsc.gov
Signature & Date (Optional)		
Name	Dana Jenkins	
Title	Financial Information Specialist	
Office Address	PO Box 9001 Winchester, VA 22604	
Telephone Number	(540) 504-1660	
Fax Number		
Email Address	Dana.Jenkins@fema.dhs.gov	
Signature & Date (Optional)		
Name	Stan Easterling	
Title	Financial Management Specialist	
Office Address	PO Box 9001 Winchester, VA 22604	
Telephone Number	(540) 504-1622	
Fax Number		
Email Address	Stan.Easterling@fema.dhs.gov	
Signature & Date (Optional)		

U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY REQUISITION AND COMMITMENT FOR SERVICES AND SUPPLIES		DOCUMENT CONTROL NO. <input type="checkbox"/> WX02B48N2017T <input type="checkbox"/> (Location) (Pro Trac)
See Instructions on Reverse (FAILURE TO COMPLETE OR COORDINATE ALL ITEMS ON THIS FORM MAY RESULT IN PROCESSING DELAYS)		
1. PROGRAM OFFICE (Office symbol, building, room no.) FA	2. CONTRACTING OFFICER'S TECHNICAL REPRESENTATIVE (Name and telephone no.) MCKENNA, LAWRENCE A (301) 447-1381	3. DATE OF REQUEST 05/09/2017
4. ESTIMATED PERIOD OF PERFORMANCE/DATE REQUIRED 05/31/2017 to 05/31/2018		5. TOTAL ESTIMATED COST \$100,000 00
6. DELIVER TO: NAME (Include office symbol, building, room no. - if different than item 1.) Warehouse - Bldg I 16825 South Seton Avenue, Emmitsburg, MD 21727 Contact: Larry McKenna (301) 447-1381 <input type="checkbox"/> Ship to Personal Property & Mgmt. Svc. Section	7. SUGGESTED SOURCE(S) (Name, address, contact, telephone no.) U.S. Consumer Product Safety Commission 5 Research Place Rockville, MD 20850 Contact: Sheryl Johnson (301) 504-7245	
8. PROJECT TITLE/DESCRIPTION OF SUPPLIES, EQUIPMENT AND/OR SERVICES (For supplies indicate item/model/stock number, item name, quantity, unit price and amount - Attach an additional sheet, if necessary) Short Description: CPSC - National Smoke and CO Alarm project Model: _____ Stock No: _____ Quantity: 1 UOM: Each Unit Price: \$100,000 00 Long Description: Partner with CPSC to expand the National Smoke and CO Alarm Survey to capture national data on the usage and operability of smoke and CO alarms in homes.		
9. LIST OF ATTACHMENTS <input checked="" type="checkbox"/> Scope/Statement of Work <input type="checkbox"/> Contract Security Classification Specification (DD Form 254) <input type="checkbox"/> Government Property <input type="checkbox"/> Proposal Evaluation Criteria <input type="checkbox"/> Reports and Data Other <input type="checkbox"/> Independent Government Cost Estimate <input type="checkbox"/> Recommendation for other than Full and Open Competition <input checked="" type="checkbox"/> (Specify) (files)		
10. REFERENCES <input type="checkbox"/> Amendment/Modification To _____ <input type="checkbox"/> Procurement Planning Sheet (FEMA Form 40-19) Control No. PD _____ <input type="checkbox"/> Classified Documents <input type="checkbox"/> Other (Specify) _____		
11. JUSTIFICATION/COMMENTS (Attach an additional sheet, if necessary) This collaboration with CPSC will expand the National Smoke and CO Alarm Survey to obtain national estimates of usability and operability of smoke and CO alarms in homes. The data can be used by Federal agencies and private organizations to (1) measure the magnitude and distribution of smoke and CO alarms in the United States; (2) identify specific cases for deficiency in smoke and CO alarms; (3) identify emerging problems with smoke or CO alarms; (4) assist in setting national priorities; and (5) assist in improving the standards and codes for smoke and CO alarms.		
12. REFERENCES Contracting Officer's Technical Representative _____ Date _____ Intermediate Approval _____ Date _____ ALEXANDRA FURR _____ 05/11/2017 Program Head _____ Date _____ KAREN HAINES _____ 05/11/2017 Other Coordination _____ Date _____ BRADLEY PABODY _____ 05/11/2017 Other Coordination _____ Date _____ Other Coordination _____ Date _____ Other Coordination _____ Date _____		13. APPROVALS - ADMINISTRATIVE (Supplies and Equipment) Personal Property & Mgmt. Svc. Section _____ Date _____ Contact: _____
		14. FUNDING 2017-FA-F112-U440-W62004-2596-D State Cost Share: 0.0% Contracting Disposition: None Funds in the amount of \$ 100,000.00 are hereby certified available and reserved Certifying Officer LAURA CHEVALIER Date 05/15/2017
15. ASSIGNMENT Contracting/Assistance Officer _____ Contract Specialist _____		NAME _____ TELEPHONE NO. _____ DATE PR RECEIVED _____



HAINES, KAREN ELIZABETH

As of Date: 05/15/2017 06:08 PM GMT

**Region , State , F112, 146N#1509-229986 (Closed)**

Order	Name/Position	Action	Processed	Remarks
0	Karen Haines INITIATOR	Submit	5/9/2017 9 28 PM	
1	Lawrence Mckenna PROJECT OFFICER	Approve	5/11/2017 1 37 PM	
2	Karen Haines Action Tracker - Operations	Approve	5/11/2017 1 45 PM	
3	Bradley Pabody Action Tracker - Operations	Approve	5/11/2017 1 55 PM	
4	Alexandra Furr Program Head	Approve	5/11/2017 2 14 PM	
5	Laura Chevaier Certifying Officer	Approve	5/15/2017 4 49 PM	