

CPSC-I-12-0012
 United States Government
 Interagency Agreement (IAA) – Agreement Between Federal Agencies
 General Terms and Conditions (GT&C) Section

IAA Number CPSC-I-12-0012 - 0000 -
 GT&C # Order # Amendment/Mod #

DEPARTMENT AND/OR AGENCY			
1.	Requesting Agency of Products/Services	Servicing Agency Providing Products/Services	
	Name	Consumer Products Safety Commission	Food and Drug Administration (FDA)
	Address	CPSC Accounts Payable Branch, AMZ-160; PO Box 25710; Oklahoma City, OK 73125	1350 Piccard Drive; PIFO; Room 200A; Rockville, MD 20850
2. Servicing Agency Agreement Tracking Number (Optional) _____			
3. Assisted Acquisition Agreement Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
4. GT&C Action (Check action being taken)			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Amendment – Complete only the GT&C blocks being changed and explain the changes being made. <input type="checkbox"/> Cancellation – Provide a brief explanation for the IAA cancellation and complete the effective End Date.			
5. Agreement Period Start Date <u>05-01-2012</u> End Date <u>11-30-2013</u> of IAA or effective cancellation date <small>MM-DD-YYYY MM-DD-YYYY</small>			
6. Recurring Agreement (Check One) A Recurring Agreement will continue, unless a notice to discontinue is received.			
Yes <input checked="" type="checkbox"/> If Yes, is this an: Annual Renewal <input checked="" type="checkbox"/> Other Renewal <input type="checkbox"/> State the other renewal period: _____ No <input type="checkbox"/>			
7. Agreement Type (Check One) <input checked="" type="checkbox"/> Single Order IAA <input type="checkbox"/> Multiple Order IAA			
8. Are Advance Payments Allowed for this IAA (Check One) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes is checked, enter Requesting Agency's Statutory Authority Title and Citation			
Note: Specific advance amounts will be captured on each related Order.			

**United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies
General Terms and Conditions (GT&C) Section**

IAA Number _____ - 0000 - _____
 GT&C # Order # Amendment/Mod #

<p>9. Estimated Agreement Amount (The Servicing Agency completes all information for the estimated agreement amount.) (Optional for Assisted Acquisitions)</p>											
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Direct Cost _____</td> <td style="width:30%; text-align: right;">\$100,000.00</td> </tr> <tr> <td>Overhead Fees & Charges _____</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Total Estimated Amount _____</td> <td style="text-align: right;">\$100,000.00</td> </tr> </table>	Direct Cost _____	\$100,000.00	Overhead Fees & Charges _____	\$0.00	Total Estimated Amount _____	\$100,000.00	<p>Provide a general explanation of the Overhead Fees & Charges Marketing, licensing and other administrative services which is estimated to cost \$443,379 for legal advice and licensing services related to FDA technologies and patented or patent-pending inventions and other technology transfer administrative management services. Please note that this fee could increase or decrease and require an amendment to this IAA during the period of service.</p>				
Direct Cost _____	\$100,000.00										
Overhead Fees & Charges _____	\$0.00										
Total Estimated Amount _____	\$100,000.00										
<p>10. STATUTORY AUTHORITY</p>											
<p>a. Requesting Agency's Authority (Check One)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Franchise Fund</td> <td style="width:15%;">Revolving Fund</td> <td style="width:15%;">Working Capital Fund</td> <td style="width:15%;">Economy Act (31 U.S.C. 1535/FAR 17.5)</td> <td style="width:15%;">Other Authority</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> </tr> </table> <p>Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority Section 27(g) of the Consumer Product Safety Act, (15 U.S.C. 2078(g))</p>		Franchise Fund	Revolving Fund	Working Capital Fund	Economy Act (31 U.S.C. 1535/FAR 17.5)	Other Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Franchise Fund	Revolving Fund	Working Capital Fund	Economy Act (31 U.S.C. 1535/FAR 17.5)	Other Authority							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
<p>b. Servicing Agency's Authority (Check One)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Franchise Fund</td> <td style="width:15%;">Revolving Fund</td> <td style="width:15%;">Working Capital Fund</td> <td style="width:15%;">Economy Act (31 U.S.C. 1535/FAR 17.5)</td> <td style="width:15%;">Other Authority</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table> <p>Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority This agreement is made under the authority of the Economy Act, approved June 1932 as amended (31 U.S.C. 1535 and 1536) and under GAO Policy and Procedures Manual Title 7, Sections 8.4 and Title 42 U.S.C. 321.</p>		Franchise Fund	Revolving Fund	Working Capital Fund	Economy Act (31 U.S.C. 1535/FAR 17.5)	Other Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Franchise Fund	Revolving Fund	Working Capital Fund	Economy Act (31 U.S.C. 1535/FAR 17.5)	Other Authority							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
<p>11. Requesting Agency's Scope (State and/or list attachments that support Requesting Agency's Scope.) See attached Interagency Agreement/Statement of Work</p>											
<p>12. Roles & Responsibilities for the Requesting Agency and Servicing Agency (State and/or list attachments for the roles and responsibilities for the Requesting Agency and the Servicing Agency.) See attached Interagency Agreement/Statement of Work</p>											

United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies
General Terms and Conditions (GT&C) Section

IAA Number _____ - 0000 - _____
GT&C # Order # Amendment/Mod #

<p>13. Restrictions (Optional) (State and/or attach unique requirements and/or mission specific restrictions specific to this IAA.)</p>
<p>14. Assisted Acquisition Small Business Credit Clause (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.)</p>
<p>15. Disputes: Disputes related to this IAA shall be resolved in accordance with instructions provided in the Treasury Financial Manual (TFM) Volume I, <i>Intragovernmental Business Rules</i> Bulletin, available on the TFM Web site at http://www.fms.treas.gov/tfm/vol1/bull.html.</p>
<p>16. Termination (Insert the number of days that this IAA may be terminated by written notice by either the Requesting or Servicing Agency.)</p> <p>90</p> <p>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.</p> <p>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.</p>
<p>17. Assisted Acquisition Agreements – Requesting Agency's Organizations Authorized To Request Acquisition Assistance for this IAA. (State or attach a list of Requesting Agency's organizations authorized to request acquisition assistance for this IAA.)</p> <p>N/A</p>
<p>18. Assisted Acquisition Agreements – Servicing Agency's Organizations authorized to Provide Acquisition Assistance for this IAA. (State or attach a list of Servicing Agency's organizations authorized to provide acquisition for this IAA.)</p> <p>N/A</p>
<p>19. Requesting Agency Clause(s) (Optional) (State and/or attach any additional Requesting Agency clauses.)</p> <p>N/A</p>

**United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies
General Terms and Conditions (GT&C) Section**

IAA Number _____ - 0000 - _____
 GT&C # _____ Order # Amendment/Mod # _____

20. Servicing Agency Clause(s) (Optional) (State and/or attach any additional Servicing Agency clauses.)
 N/A

21. Additional Requesting Agency and/or Servicing Agency Attachments (Optional) (State and/or attach any additional Requesting Agency and/or Servicing Agency attachments.)
 Interagency Agreement/Statement of Work

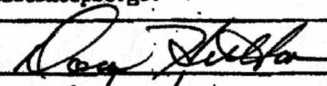
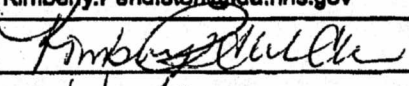
22. Annual Review of IAA
 By signing this agreement, the parties agree to annually review the IAA if the agreement period exceeds one year. Appropriate changes will be made by amendment to the GT&C and/or modification to any affected Order(s).

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 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.

	Requesting Agency	Servicing Agency
Name	Doona Hutton	Kimberly Pendleton Chew
Title	Contracting Officer	Team Leader, DASG/GAAT/OAGS/FDA
Telephone Number(s)	(301) 504-7009	(301) 827-9363
Fax Number	(301) 504-0628	(301) 827-7101
Email Address	dhutton@cpsc.gov	Kimberly.Pendleton@fda.hhs.gov
SIGNATURE		
Approval Date	6/29/12	6/28/12

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

IAA Number _____ GT&C # _____ Order # _____ Amendment/Mod # _____ Servicing Agency's Agreement Tracking Number (Optional) _____

PRIMARY ORGANIZATION/OFFICE INFORMATION					
24.	Requesting Agency			Servicing Agency	
Primary Organization/Office Name	Consumer Products Safety Commission			Food and Drug Administration (FDA)	
Responsible Organization/Office Address	CPSC/Accounts Payable Branch, AMZ-160, PO Box 26710, Oklahoma C			1350 Placard Dr, RIFD, Room 230B, Rockville, MD 20850	
ORDER/REQUIREMENTS INFORMATION					
25. Order Action (Check One)					
<input checked="" type="checkbox"/> New <input type="checkbox"/> Modification (Mod) - List affected Order blocks being changed and explain 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. <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)	
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
Total Modified Obligation	\$100,000.00	\$0.00	\$0.00	\$0.00	\$100,000.00
Total Advance Amount (+)	\$	\$	\$	\$	\$0.00
Net Obligated Amount Line	\$100,000.00	\$0.00	\$0.00	\$0.00	\$100,000.00
27. Performance Period	Start Date	06-01-2012	End Date	11-30-2013	
		MM-DD-YYYY		MM-DD-YYYY	
For a performance period mod, insert the start and end dates that reflect the new performance period.					

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

IAA Number _____
GT&C # _____ Order # _____ Amendment/Mod # _____

Servicing Agency's Agreement
Tracking Number (Optional) _____

28. Order Line/Funding Information			Line Number _____
Requesting Agency Funding Information		Servicing Agency Funding Information	
ALC	61-00-0001	75-06-0099	
Treasury Agency Code	61120100	75	
Trading Partner Code		06	
TAS		75060600	
BETC	DISB	DISB	
Object Class Code (Optional)		2538	
BPN		927645523	
BPN + 4 (Optional)			
Additional Accounting Classification/Information (Optional)	Q100A12DPS.2012 2370400000 EXHRO04000 255AO	CAN 6999AJY	
Requesting Agency Funding Expiration Date 09-30-2013 Obligated by 9/30/2012 MM-DD-YYYY		Requesting Agency Funding Cancellation Date 09-30-2013 MM-DD-YYYY	
Project Number & Title: Joint OPSC and FDA NANOTECHNOLOGY REGULATORY SCIENCE RESEARCH FOOD CONTACT PRODUCTS CONTAINING NANOMATERIALS STUDY (Short Title: OPSC FDA NANO)			
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.) Please see attached Interagency Agreement/Statement of Work			
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	Service Fees	\$
1	\$100,000.00	Total Obligated Cost	\$100,000.00
Overhead Fees & Charges	\$ 0.00	Advance for Line (-)	\$
Total Line Amount Obligated	\$100,000.00	Net Total Cost	\$100,000.00
Advance Line Amount (-)	\$	Assisted Acquisition Servicing Fees Explanation	
Net Line Amount Due	\$100,000.00		
Type of Service Requirements			
<input type="checkbox"/> Severable Service <input checked="" type="checkbox"/> Non-severable Service <input type="checkbox"/> Not Applicable			

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

IAA Number _____ GT&C # _____ Order # _____ Amendment/Mod # _____ Servicing Agency's Agreement Tracking Number (Optional) _____

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 SFAS 7) (Identify the Revenue Recognition Methodology that will be used to account for the Requesting Agency's expense and the Servicing Agency's revenue)

Straight-line - Provide amount to be accrued \$ _____ and Number of Months _____

Accrual Per Work Completed - Identify the accounting posting period:

Monthly per work completed & invoiced

Other - Explain other regular period (bimonthly, quarterly, etc.) for posting accruals and how the accrual amounts will be communicated if other than billed. **Upfront Bill and Collect.**

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)

Please see attached Statement of Work.

BILLING & PAYMENT INFORMATION

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

If IPAC is used, the payment method must agree with the IPAC Trading Partner Agreement (TPA).

Requesting Agency Initiated IPAC

Servicing Agency Initiated IPAC

Credit Card

Other - Explain other payment method and reasoning.

33. Billing Frequency (Check One)

[An invoice must be submitted by the Servicing Agency and accepted by the Requesting Agency BEFORE funds are reimbursed (i.e., via IPAC transaction).]

Monthly

Quarterly

Other Billing Frequency (include explanation)

34. Payment Terms (Check One)

Funding amount in its entirety will be transferred to the servicing agency once this IAA is in effect.

7 days

Other Payment Terms (include explanation)

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

IAA Number _____ GT&C# _____ Order # _____ Amendment/Mod # _____ Servicing Agency's Agreement Tracking Number (Optional) _____

CONTACT INFORMATION		
39. 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.		
	Requesting Agency (Payment Office)	Servicing Agency (Billing Office)
Name	Debbie Young	Carol Cornwell
Title	Agency Payment Officer	
Office Address	Enterprise Service Center, Office of Financial Operations; FAA; PO Box 25710	1350 Piccard Drive; PIFO; Room 230R; Rockville, MD 20850
Telephone Number	(405) 954-7467	(301) 796-7252
Fax Number		
Email Address		carol.cornwell@fda.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	Donna Hutton	Kimberly Pendleton Chew
Title	CPSC Contracting Officer	Team Leader (FDA ACCEPTANCE)
Office Address	4330 East West Highway Bethesda, MD 20814	5630 Fishers Lane, FSHL Room 2104 Rockville, MD 20867
Telephone Number	(301) 504-7009	(240) 402-2250
Fax Number	(301) 504-0628	(301) 827-7101
Email Address	dhutton@cpsc.gov	Kimberly.Pendleton@fda.hhs.gov
Signature & Date (Optional)	<i>Donna Hutton</i> 6/29/12	<i>Kimberly Pendleton Chew</i>
Name		Gregory O. Noonan, Ph.D.
Title		Deputy Director (Acting), OFAS
Office Address		5100 Paint Branch Parkway College Park, MD 20740
Telephone Number		(240) 402-2250
Fax Number		(301) 436-2684
Email Address		gregory.noonan@fda.hhs.gov
Signature & Date (Optional)		
Name		Carrie Bryant
Title		Project Manager
Office Address		10903 New Hampshire Avenue Silver Spring, MD 20993-0002
Telephone Number		(301) 796-8215
Fax Number		
Email Address		carrie.bryant@fda.hhs.gov
Signature & Date (Optional)		<i>CBryant</i> 6/25/12

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

IAA Number _____ GT&C # _____ Order # _____ Amendment/Mod # _____ Servicing Agency's Agreement Tracking Number (Optional) _____

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

36. Delivery/Shipping Information for Products (Optional)

Agency Name	FDA
Point of Contact (POC) Name & Title	Carlos Pena, Director, Emerging Technology Programs
POC Email Address	carlos.pena@fda.hhs.gov
Delivery Address /Room Number	10903 New Hampshire Avenue, Silver Spring, MD 20993
POC Telephone Number	(301) 796-8521
Special Shipping Information	

APPROVALS AND CONTACT INFORMATION

37. PROGRAM OFFICIALS

This 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	Trey A. Thomas	Carlos Pena
Title	Leader, Chemical Hazards Program	Director, Emerging Technology Programs
Telephone Number	(301) 504-7733	(301) 796-8521
Fax Number	(301) 504-0079	(301) 847-8617
Email Address	thomas@opsc.gov	carlos.pena@fda.hhs.gov
SIGNATURE	<i>Trey A. Thomas</i>	<i>Carlos Pena</i>
Date Signed	6/26/12	6/26/12

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	Debbie Young Pricilia Susi	Carol Cornwell
Title	Agency Payment Officer	Budget Officer, NIH/OD FDA/OFM
Telephone Number	(405) 954-7467 (301) 504-7566	(301) 796-7252
Fax Number		(301) 402-0140 240-276-1334
Email Address		pcornwe@od.nih.gov CAROL CORNWELL E
SIGNATURE		<i>Carol Cornwell</i> FDA, HHS.GOV
Date Signed		6/26/12