



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

ASA AGREEMENT NUMBER: ASA-15-CSA 498
 Task Number:
 Modification Number: 01

DEPARTMENT AND/OR AGENCY: <u>CPSC-I-14-0009</u>			
Receiving Agency of Products/Services (The Customer)		Servicing Agency Providing Products/Services (ASA)	
Name	U.S. Consumer Product Safety Commission	Name	Bobbi Sue Cline
Address	4330 East West Highway Bethesda, MD 20814-4408	Address	5600 Fishers Lane, Rockville, MD
Original Agreement Period:	Start Date: (mm/dd/yyyy) 10/01/2014	End Date: (mm/dd/yyyy) 9/30/2015	
ASA Cost Center Code:	<u>PSC AOP 0P625</u>		

The parties above mutually agree to modify the ASA Agreement Number cited above.

SCOPE:

ASA will provide the following services to the Customer:

The Program Support Center, Division of Support Services, will provide document conversion to the U.S. Consumer Product Safety Commission.

The General Provisions of the original ASA Customer Service Agreement, as identified by the above ASA Agreement Number, will apply to this modification.

ESTIMATED LEVEL OF FUNDING:

Initial Funding Amount: \$53,540.83
 Total Previous Modification Amounts: 0
 The level of funding for this modification is: \$7,000.00
 Total Agreement Funding Amount: \$60,540.83

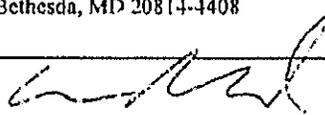
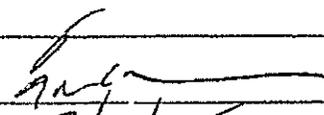
PERIOD OF PERFORMANCE:

This modification will take effect on 9/8/15 and terminate on 09/30/2015
 (mm/dd/yyyy) (mm/dd/yyyy)

If no end date is specified, the Agreement will end on September 30 of the current fiscal year unless amended in writing by the participating parties or canceled by either party upon 60 days written notification.

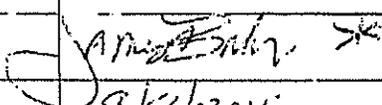
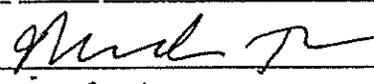
AGENCY AUTHORIZING OFFICIALS' CONTACT INFORMATION AND APPROVAL:

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 modification.

Customer Agency's Authorizing Official		ASA's Authorizing Official	
Name	Eddie Ahmad	Name	Timothy Brown
Title	Contracting Officer	Title	Deputy Director, ACP
Telephone Number	(301) 504-7884	Telephone Number	301-443-2516
Fax Number	(978) 244-8640	Fax Number	301-443-3089
Email Address	aahmad@cpsc.gov	Email Address	tim.brown@psc.hhs.gov
Office Address	4330 East West Highway Bethesda, MD 20814-4408	Office Address	5600 Fishers Lane, Rockville, MD
Signature		Signature	
Date Signed (mm/dd/yyyy)	9/8/15	Date Signed (mm/dd/yyyy)	9/8/15

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
Title	Budget Officer	Title	Director, PSC 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	U.S. Department of Health & Human Services 7700 Wisconsin Avenue, Suite 2407 Bethesda, Maryland 20814
Signature	 *	Signature	
Date Signed (mm/dd/year)	9/8/2015	Date Signed (mm/dd/year)	9/14/15

* This is not an obligation for \$7,000.00 but administrative information requested by HHS in support of Mod 6 to CPSC - E-114-0001.

Agency Authorizing Officials – If required, additional authorizing officials may complete this section.			
Customer Agency's Authorizing Official		ASA's Authorizing Official	
Name	Angela T. Heggs	Name	Bobbi Sue Cline
Title	Technical Information Specialist	Title	Director, Mail and Publishing Services
Telephone Number	(301) 504-6991	Telephone Number	301-651-3140
Fax Number	(301) 504-0127	Fax Number	301-443-3089
Email Address	aheggs@cpsc.gov	Email Address	bobbisue.cline@psc.hhs
Office Address	4330 East West Highway Bethesda, MD 20814-4408	Office Address	5600 Fishers Lane Rockville, MD
Signature	aheggs@cpsc.gov <small>Digitally signed by Angela T. Heggs (128214497) DN: email=aheggs@cpsc.gov Reason: I have reviewed this document. Location: CPSC-GOV-101 Date: 2013.08.13 13:46:11 -0400</small>	Signature	Barbara S. Cline -S <small>Digitally signed by Barbara S. Cline -S DN: email=bscline@psc.hhs, o=HHS Reason: I have reviewed this document. Location: CPSC-GOV-101 Date: 2013.08.13 13:21:59 -0400</small>
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 - MOD 0006 Servicing Agency's Agreement
 GT&C # Order # Amendment/Mod # Tracking Number (Optional)

PRIMARY ORGANIZATION/OFFICE INFORMATION					
24.	Requesting Agency			Servicing Agency	
Primary Organization/Office Name	Consumer Product Safety Commission Office of General Counsel			HHS/Program Support Center/Mail and Publishing Services	
Responsible Organization/Office Address	4330 East West Highway Bethesda, MD 20814-4408			5800 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.					
<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 (-))	\$ 140,209.57	\$	\$	\$	\$ 140,209.57
Funding Change for This Mod	\$ 7,000.00	\$	\$	\$	\$ 7,000.00
TOTAL Modified Obligation	\$ 177,209.57	\$ 0.00	\$ 0.00	\$ 0.00	\$ 177,209.57
Total Advance Amount (-)	\$	\$	\$	\$	\$ 0.00
Net Modified Amount Due	\$ 177,209.57	\$ 0.00	\$ 0.00	\$ 0.00	\$ 177,209.57
27. Performance Period					
	Start Date	<u>9/8/15</u>	End Date	<u>09-30-2015</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-14-0009 . MOD 0006 Servicing Agency's Agreement
 GT&C# Order # Amendment/Mod # Tracking Number (Optional) _____

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	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	
								000			075			X	4552	001	
OR Current TAS format			61-0100						075-X-4552-001								
BETC			DISB						COLL CAN: E8615DM								
Object Class Code (Optional)			US Treas. Code: 61150100						61602								
BPN			TIN: 620878750						043982318								
BPN + 4 (Optional)			DUNS: 0692878522														
Additional Accounting Classification/Information (Optional)			0100A15DSE 2015 5257700000 GC00001360 253X0 - \$7,000.00						E8615DM/OP625								
Requesting Agency Funding Expiration Date 09-30-2015 MM-DD-YYYY									Requesting Agency Funding Cancellation Date 09-30-2020 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		\$7,000.00		\$ 7,000.00				Total Obligated Cost		\$ 0.00							
Overhead Fees & Charges				\$				Advance for Line (-)		\$							
Total Line Amount Obligated				\$ 7,000.00				Net Total Cost		\$ 0.00							
Advance Line Amount (-)				\$				Assisted Acquisition Servicing Fees Explanation									
Net Line Amount Due				\$ 7,000.00													
Type of Service Requirements																	
<input checked="" type="checkbox"/> Severable Service <input type="checkbox"/> Non-severable Service <input type="checkbox"/> Not Applicable																	

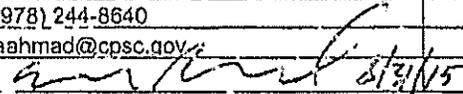
IAA Order

IAA Number CPSC-I-14-0009 - MOD 0006 Servicing Agency's Agreement
GT&C # Order # Amendment/Mod # Tracking Number (Optional)

<p>29. Advance Information (Complete Block 29 if the Advance Payment for Products/Services was checked "Yes" on the GT&C.)</p> <p>Total Advance Amount for the Order \$ <u> </u> [All Order Line advance amounts (Block 28) must sum to this total.]</p> <p>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)</p> <p><input type="checkbox"/> Straight-line - Provide amount to be accrued \$ <u> </u> and Number of Months <u> </u></p> <p><input type="checkbox"/> Accrual Per Work Completed - Identify the accounting posting period:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Monthly per work completed & invoiced</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Other - Explain other regular period (bimonthly, quarterly, etc.) for posting accruals and how the accrual amounts will be communicated if other than billed. <u>Up-front billing and collect</u></p>	
<p>30. Total Net Order Amount: \$ <u>7,000.00</u></p> <p>[All Order Line Net Amounts Due for reimbursable agreements and Net Total Costs for Assisted Acquisition Agreements (Block 28) must sum to this total.]</p>	
<p>31. Attachments (State or list attachments.)</p> <p><input type="checkbox"/> Key project and/or acquisition milestones (Optional except for Assisted Acquisition Agreements)</p> <p><input type="checkbox"/> Other Attachments (Optional)</p>	
BILLING & PAYMENT INFORMATION	
<p>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).</p> <p><input type="checkbox"/> Requesting Agency Initiated IPAC <input checked="" type="checkbox"/> Servicing Agency Initiated IPAC</p> <p><input type="checkbox"/> Credit Card <input type="checkbox"/> Other - Explain other payment method and reasoning <u> </u></p>	
<p>33. Billing Frequency (Check One)</p> <p>[An Invoice must be submitted by the Servicing Agency and accepted by the Requesting Agency BEFORE funds are reimbursed (i.e., via IPAC transaction)]</p> <p><input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other Billing Frequency (include explanation) <u> </u></p>	
<p>34. Payment Terms (Check One)</p> <p><input type="checkbox"/> 7 days <input checked="" type="checkbox"/> Other Payment Terms (include explanation): <u>Up-front billing and collect</u></p>	

IAA Order

IAA Number CPSC-I-14-0009 - MOD 0008 Servicing Agency's Agreement
 GT&C # Order # Amendment/Mod # Tracking Number (Optional)

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	Debbie Young	Tim Walsh
Title	Payment Officer	GOVB AR Team Lead
Office Address	CPSC Act. 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	Timothy Brown
Title	FOIA Officer	Deputy Director, AOP
Office Address	4330 East West Highway Bethesda, MD 20814-4408	5600 Fishers Lane, Room 07W29 Rockville, MD 20857
Telephone Number	(301) 504-7479	(301) 443-2516
Fax Number	(301) 504-0127	(301) 443-3089
Email Address	amills@cpsec.gov	tim.brown@psc.hhs.gov
Signature & Date (Optional)	AMills	
Name	Mary T. Boyle	Bobbi Sue Cline
Title	Deputy General Counsel	Director, Mail and Publishing Services
Office Address	4330 East West Highway Bethesda, MD 20814-4408	5600 Fishers Lane, Room 07W33 Rockville, MD 20857
Telephone Number	(301) 504-7859	(301) 651-3140
Fax Number		(301) 443-3089
Email Address	mboyle@cpsec.gov	bobbi.sue.cline@psc.hhs.gov
Signature & Date (Optional)	MBoyle	Barbara S. Cline - S
Name	Eddie Ahmad	
Title	Contracting Officer	
Office Address	4330 East West Highway Bethesda, MD 20814-4408	
Telephone Number	(301) 504-7884	
Fax Number	(978) 244-8640	
Email Address	aahmad@cpsec.gov	
Signature & Date (Optional)	 8/27/15	