

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS
OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30

1. REQUISITION NUMBER: REQ-4200-17-0031
 2. CONTRACT NO: CPSC-I-17-0004
 3. AWARD EFFECTIVE DATE: 06/08/2017
 4. ORDER NUMBER: 0012
 5. SOLICITATION NUMBER: [Blank]
 6. SOLICITATION ISSUE DATE: [Blank]

7. FOR SOLICITATION INFORMATION CALL: Sheryl Johnson
 b. TELEPHONE NUMBER: 301-504-7245
 8. OFFER DUE DATE/LOCAL TIME: [Blank]

9. ISSUED BY: CONSUMER PRODUCT SAFETY COMMISSION
 DIV OF PROCUREMENT SERVICES
 4330 EAST WEST HWY
 RCOM 523
 BETHESDA MD 20814
 CODE: FMPS
 10. THIS ACQUISITION IS: UNRESTRICTED OR SET ASIDE
 SMALL BUSINESS
 WOMB (WOMEN-OWNED SMALL BUSINESS) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM
 MWBE (MINORITY-OWNED BUSINESS ENTERPRISE)
 SERVICE DISABLED VETERAN-OWNED SMALL BUSINESS
 8(A)
 NAICS: [Blank]
 SIZE STANDARD: [Blank]

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED: SEE SCHEDULE
 12. DISCOUNT TERMS: Net 30
 13a. THIS CONTRACT IS A RATED ORDER UNDER OPAS (15 CFR 700):
 13b. RATING: [Blank]
 14. METHOD OF SOLICITATION: RFP IFB RFP

15. DELIVER TO: CONSUMER PRODUCT SAFETY COMMISSION
 DIRECTORATE FOR LABORATORY SCIENCES
 ROCKVILLE CAMPUS
 5 RESEARCH PLACE
 ROCKVILLE MD 20850
 CODE: LS
 16. ADMINISTERED BY: CONSUMER PRODUCT SAFETY COMMISSION
 DIV OF PROCUREMENT SERVICES
 4330 EAST WEST HWY
 ROOM 523
 BETHESDA MD 20814
 CODE: FMPS

17a. CONTRACTOR/OFFEROR: PROGRAM SUPPORT CENTER DHHS
 7700 WISCONSIN AVE
 RM 920
 BETHESDA MD 20814-3578
 CODE: J43982318
 FACILITY CODE: [Blank]
 18a. PAYMENT WILL BE MADE BY: CPSC Accounts Payable Branch
 AMZ 160
 P. O. Box 25710
 Oklahoma City OK 73125
 CODE: FMPS

17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER:
 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED: SEE ADDENDUM

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	DUNS Number: 043982318 COR: MATTHEW ROEMER TEL: 301-987-2093 EMAIL: MROEMER@CPSC.GOV TASK ORDER 0012 AGAINST CPSC-I-17-0004 IS HEREBY ISSUED TO PROVIDE PROCUREMENT SUPPORT SERVICES FOR REQ-4200-17-0031 IN THE AMOUNT OF \$53,863.98. Continued ... (Use Reverse and/or Attach Additional Sheets as Necessary)				

25. ACCOUNTING AND APPROPRIATION DATA: See schedule
 26. TOTAL AWARD AMOUNT (For Govt Use Only): \$55,479.90

27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52 212-1, 52 212-4, FAR 52 212-3 AND 52 212-5 ARE ATTACHED. ADDENDA: ARE ARE NOT ATTACHED
 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52 212-4 FAR 52 212-5 IS ATTACHED. ADDENDA: ARE ARE NOT ATTACHED

28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED
 29. AWARD OF CONTRACT: [Blank] OFFER DATED [Blank] YOUR OFFER ON SOLICITATION (BLOCK 5) INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN IS ACCEPTED AS TO TERMS

30a. SIGNATURE OF OFFEROR/CONTRACTOR: [Signature]
 31a. UNITED STATES OF AMERICA SIGNATURE OF CONTRACTING OFFICER: [Signature]

30b. NAME AND TITLE OF SIGNER (Type or print): [Signature]
 30c. DATE SIGNED: 6/15/17
 31b. NAME OF CONTRACTING OFFICER (Type or print): Kim Miles
 31c. DATE SIGNED: 6/15/17

[Handwritten initials]

19 ITEM NO	20 SCHEDULE OF SUPPLIES/SERVICES	21 QUANTITY	22 UNIT	23 UNIT PRICE	24 AMOUNT
0001	Integrion with Eluent Generation (IC System) must work with 120cAc standard duplex outlet, 15amp circuit, if not vendor to advise of voltage and current requirements LS PLAN #: C-12 Accounting Info: 0100A17DSE-2017-240130000-EXHR004200-311B0 Funded: \$53,863.98	1	LO	53,863.98	53,863.98
0002	Surcharge Fee 3. COR: James Thompson Tel: 301-504-7797 Email: jthompson@cpsc.gov Accounting Info: 0100A17DSE-2017-541760000-EXFM002730-253X0 Funded: \$1,615.92 The total amount of award: \$55,479.90. The obligation for this award is shown in box 26.	1	LO	1,615.92	1,615.92

32a QUANTITY IN COLUMN 21 HAS BEEN

RECEIVED INSPECTED ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED

32b SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		32c DATE	32d PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		
32e MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE		32f TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE			
		32g E MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE			
33 SHIP NUMBER	34 VOUCHER NUMBER	35 AMOUNT VERIFIED CORRECT FOR	36 PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		37 CHECK NUMBER
38 S/R ACCOUNT NUMBER	39 S/R VOUCHER NUMBER	40 PAID BY			
41a I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT			42a RECEIVED BY (Print)		
41b SIGNATURE AND TITLE OF CERTIFYING OFFICER		41c DATE		42b RECEIVED AT (Location)	
			42c DATE REC'D (YYMMDD)	42d TOTAL CONTAINERS	

HHS

REQUISITION

1 NAME PHONE NUMBER AND ROUTING SYMBOL OF PERSON TO CONTACT Matthew Roemer/3019872093				PROCUREMENT REQUEST NO REQ-4200-17-0031	
3. ORIGINATING OFFICE DATA CONSUMER PRODUCT SAFETY COMMISSION				REQUISITION DATE 06/05/2017	
4. ADDITIONAL INFORMATION (Suggested supply sources, security class, etc.)				2. TYPE OF REQUEST (Check one) A <input checked="" type="checkbox"/> NEW REQUEST B <input type="checkbox"/> CHANGE TO PENDING PR NO. _____ C <input type="checkbox"/> MODIFICATION TO CONTRACT OR ORDER NO. _____	
5 APPROVALS				6 CONSIGNEE AND DESTINATION CONSUMER PRODUCT SAFETY COMMISSION DIRECTORATE FOR LABORATORY SCIENCES ROCKVILLE CAMPUS 5 RESEARCH PLACE ROCKVILLE MD 20850	
APPROVING OFFICIALS (A)	ROUTING SYMBOL (B)	DATE (C)	INTERNAL ROUTING		
(1) AUTHORIZED REQUISITIONER Christopher Stubblefield	CPSC	06/05/2017	INITIALS (D)	ROUTING SYMBOL (E)	
(2)	SEE ATTACHED				
(3)				7 DATE(S) REQUIRED 07/05/2017	
(4)				8 GOVERNMENT FURNISHED PROPERTY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," see part 8 of instructions on next page.)	

9 DESCRIPTION OF ITEMS OR SERVICES

ITEM NO (A)	ITEM OR SERVICE (Include Specifications and Special Instructions) (B)	QUANTITY (C)	UNIT (D)	ESTIMATED COST	
				UNIT PRICE (E)	AMOUNT (F)
0001	FOB: Destination Integration with Eluent Generation (IC System) must work with 120cAc standard duplex outlet, 15amp circuit, if not vendor to advise of voltage and current requirements LS PLAN #: C-12	1	EA	53,863.98	53,863.98
				TOTAL ESTIMATED COST \$53,863.98	

\$1,615.92

JIMMY TROMPSON, MBA, CDFM
 BUDGET ANALYST
 OFFICE OF FINANCIAL MANAGEMENT PLANNING AND EVALUATION

13 ACCOUNTING DATA
 Accounting Info : 0100A17DSE-2017-2401300000-EXHR004200-311B0

<h1 style="margin: 0;">REQUISITION</h1>				PROCUREMENT REQUEST NO. REQ-4200-17-0031	
1 NAME, PHONE NUMBER, AND ROUTING SYMBOL OF PERSON TO CONTACT Matthew Roemer/3019872093				REQUISITION DATE 06/05/2017	
3 ORIGINATING OFFICE DATA CONSUMER PRODUCT SAFETY COMMISSION				2 TYPE OF REQUEST (Check one) A <input checked="" type="checkbox"/> NEW REQUEST B <input type="checkbox"/> CHANGE TO PENDING PR NO. _____ C <input type="checkbox"/> MODIFICATION TO CONTRACT OR ORDER NO. _____	
4 ADDITIONAL INFORMATION (Suggested supply sources, security data, etc.)				8 CONSIGNEE AND DESTINATION CONSUMER PRODUCT SAFETY COMMISSION DIRECTORATE FOR LABORATORY SCIENCES ROCKVILLE CAMPUS 5 RESEARCH PLACE ROCKVILLE MD 20850	
5. APPROVALS					
	APPROVING OFFICIALS (A)	ROUTING SYMBOL (B)	DATE (C)	INTERNAL ROUTING	
				INITIALS (D)	ROUTING SYMBOL (E)
(1) AUTHORIZED REQUISITIONER	Christopher Stubblefield	CPSC	06/05/2017		
(2)	BUDGET BUDGET	CPSC	06/06/2017		
(3)	PROCUREMENT PROCUREMENT	CPSC	06/05/2017		
(4)	Andrew Stadnik	CPSC	06/05/2017		
				7 DATE(S) REQUIRED 07/05/2017	
				6 GOVERNMENT FURNISHED PROPERTY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "yes," see par. 6 of instructions on next page)	
9. DESCRIPTION OF ITEMS OR SERVICES					
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