

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS <i>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30</i>			1. REQUISITION NUMBER REQ-2400-15-0007		PAGE OF 1 2					
2. CONTRACT NO. CPSC-I-15-0010		3. AWARD/ EFFECTIVE DATE 11/25/2014		4. ORDER NUMBER 0001		5. SOLICITATION NUMBER		6. SOLICITATION ISSUE DATE		
7. FOR SOLICITATION INFORMATION CALL:			a. NAME Patricia Folts			b. TELEPHONE NUMBER (No collect calls) (301) 504-7674		8. OFFER DUE DATE/LOCAL TIME		
9. ISSUED BY CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814			CODE FMPS		10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: % FOR: <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM NAICS: <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8(A) SIZE STANDARD:					
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS Net 30			13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING		14. METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP	
15. DELIVER TO CONSUMER PRODUCT SAFETY COMMISSION OFFICE OF INFORMATION SERVICES 4330 EASTWEST HIGHWAY ROOM 706 BETHESDA MD 20814			CODE EXIT		16. ADMINISTERED BY CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814					
17a. CONTRACTOR/OFFEROR PROGRAM SUPPORT CENTER DHHS 5600 FISHERS LANE RM 17-21 ATTN DIANA MATHEWS ROCKVILLE MD 20857-0001 TELEPHONE NO.			CODE 043982318		FACILITY CODE		18a. PAYMENT WILL BE MADE BY CPSC Accounts Payable Branch AMZ 160 P. O. Box 25710 Oklahoma City OK 73125			
17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>					18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM					
19. ITEM NO.		20. SCHEDULE OF SUPPLIES/SERVICES			21. QUANTITY	22. UNIT	23. UNIT PRICE		24. AMOUNT	
		DUNS Number: 043982318 Task order 0001 is hereby issued to provide Procurement Support services for requisition REQ-2400-15-0007 in the estimated amount of \$18,783.83. All services shall be in accordance with the attached procurement package. Contracting Officer Representative: Shawn Battle 301-504-6952 SBATTLE@CPSC.GOV <i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i>								
25. ACCOUNTING AND APPROPRIATION DATA 0100A15DSE-2015-9995100000-EXIT002400-257I0						26. TOTAL AWARD AMOUNT (For Govt. Use Only) \$18,783.83				
27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.										
27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> 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: _____ OFFER DATED _____ YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:					
30a. SIGNATURE OF OFFEROR/CONTRACTOR					31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)					
30b. NAME AND TITLE OF SIGNER (Type or print)			30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (Type or print) Kim Miles			31c. DATE SIGNED		

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
0001	Option Year 1 Funding for Citrix GoToMeeting Subscription Period of Performance: October 6, 2014 through October 5, 2015 The total amount of award: \$18,783.83. The obligation for this award is shown in box 26.	1	EA	18,783.83	18,783.83

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
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32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE	32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE
	32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	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
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38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY
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41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT	42a. RECEIVED BY (<i>Print</i>)	
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER	41c. DATE	42b. RECEIVED AT (<i>Location</i>)
		42c. DATE REC'D (<i>YY/MM/DD</i>)



REQUISITION

PROCUREMENT REQUEST NO.

REQ-2400-15-0007

REQUISITION DATE

10/22/2014

1. NAME, PHONE NUMBER, AND ROUTING SYMBOL OF PERSON TO CONTACT
Shawn Battle/301-504-6952

3. ORIGINATING OFFICE DATA
CONSUMER PRODUCT SAFETY COMMISSION

2. TYPE OF REQUEST (Check one)

A. NEW REQUEST

B. CHANGE TO PENDING PR NO. _____

C. MODIFICATION TO CONTRACT OR ORDER NO. _____

4. ADDITIONAL INFORMATION (Suggested supply sources, security data, etc.)

PROGRAM SUPPORT CENTER, DHHS

5. APPROVALS

APPROVING OFFICIALS (A)	ROUTING SYMBOL (B)	DATE (C)	INTERNAL ROUTING	
			INITIALS (D)	ROUTING SYMBOL (E)
(1) AUTHORIZED REQUISITIONER Shawn Battle	CPSC	SHAWN BATTLE	<small>Digitally signed by SHAWN BATTLE DN: cn=US, o=U.S. Government, ou=Consumer Product Safety, c=US, email=SHAWN.BATTLE@CPSC.GOV, 1.1=41001 10000161 Date: 2014.10.22 12:28:36 -0400</small>	
(2) Mary James	CPSC	mjames@cpsc.gov	<small>Digitally signed by mjames@cpsc.gov DN: cn=mjames@cpsc.gov Date: 2014.10.22 13:05:54 -0400</small>	
(3)				
(4)				

6. CONSIGNEE AND DESTINATION

CONSUMER PRODUCT SAFETY COMMISSION
OFFICE OF INFORMATION SERVICES
4330 EASTWEST HIGHWAY
ROOM 706
BETHESDA MD 20814

7. DATE(S) REQUIRED

8. GOVERNMENT FURNISHED PROPERTY

YES NO (If "yes," see par. 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 (E)	AMOUNT (F)
0001	Modification to CPSC-I-14-0003 Mod 0084 to fully fund HHSP233201400020W Option Year One for Citrix To Go Meeting Subscription FOB: Destination Period of Performance: 10/06/2014 to 10/05/2015 Option Year 1 - October 6, 2014 through October 5, 2015 Purchase of CITRIX GO-to-Meeting Subscription that consists of the following: 1 - Subscription Service for twelve months - Mfr Part No: G2WPS5004010AR Annual renewal Svc w/500 Attendees Service Quantity Range: 1-4; Quantity: 1 each 2 - GoToWebinar Annual Renewal Service - Mfr Part No: G2WPS10004010AR with 1,000 Attendees; Service Quantity Range: 1-4 Quantity: 1 each 3 - GoToTraining Annual Renewal Service with 25 Attendees Service Quantity Range: 1-4 - Mfr Part No: G2TS505010AR; Quantity: 2 Continued ...	1	EA	18,783.83	18,783.83
				TOTAL ESTIMATED COST \$18,783.83	

10. ACCOUNTING DATA

Accounting Info : 0100A15DSE-2015-9995100000-EXIT002400-257I0

For Requisition Tracking Purposes Only

James A. Thompson, MBA, CDFM
CPSC Budget Analyst (EXFM)

AClybu
rnmiller

Digitally signed by AClybu
rnmiller
DN: cn=AClybu
rnmiller, o=U.S. Government,
ou=Consumer Product Safety,
c=US, email=AClybu
rnmiller@CPSC.GOV, 1.1=41001
10000161
Date: 2014.10.22 13:05:54 -0400

ITEM NO. (A)	ITEM OR SERVICE (Include Specifications and Special Instructions) (B)	QUANTITY (C)	UNIT (D)	ESTIMATED COST	
				UNIT PRICE (E)	AMOUNT (F)
	4 - GoToTraining Annual Renewal Service with 200 Attendees Service Quantity Range: 1-4; Quantity: 1; Mfr Part NO:L G2TS2005010AR 5 - GoToMeetings annual renewal of organizer service, including maintenance, standard support and upgrades. Service Quantity Range: 5-9; Mfr Part No: G2MS2010AR				

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES 1 1
2 AMENDMENT/MODIFICATION NO 0084	3 EFFECTIVE DATE 08/25/2014	4. REQUISITION/PURCHASE REQ NO REQ-2400-14-0157	5. PROJECT NO. (If applicable)
6 ISSUED BY CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814	CODE FMPS	7. ADMINISTERED BY (If other than Item 6)	CODE
8 NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) PROGRAM SUPPORT CENTER DHHS 5600 FISHERS LANE RM 17-21 ATTN DIANA MATHEWS ROCKVILLE MD 20857-0001		(x) 9A AMENDMENT OF SOLICITATION NO	9B DATED (SEE ITEM 11)
CODE 043982318	FACILITY CODE	x 10A MODIFICATION OF CONTRACT/ORDER NO. CPSC-I-14-0003	10B DATED (SEE ITEM 13) 10/22/2013

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended. is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 16, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

SUBJECT TO THE AVAILABILITY OF FUNDS

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	A THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A
	B THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D OTHER (Specify type of modification and authority) Interagency Agreement CPC-I-14-0003

E. IMPORTANT: Contractor is not is required to sign this document and return _____ 0 _____ copies to the issuing office

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

DUNS Number: 043982318

Modification 0084 to Interagency Agreement CPSC-I-14-0003 is hereby issued to exercise option year 1 (October 6, 2014 through October 5, 2015) on HHS contract HHSP233201400020W for CitrixToGo Subscription Renewal. This procurement request is Subject to the Availability of Funds for fiscal year 2015. Funding in the amount of \$18,783.83 will be provided upon receipt of FY2015 funding.

All other terms and conditions remain unchanged.

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect

15A NAME AND TITLE OF SIGNER (Type or print)	16A NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Kim Miles
15B CONTRACTOR/OFFEROR (Signature of person authorized to sign)	15C DATE SIGNED
16B UNITED STATES OF AMERICA (Signature of Contracting Officer)	16C DATE SIGNED 8/25/14