

**ORDER FOR SUPPLIES OR SERVICES**

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

1. DATE OF ORDER 07/17/2012		2. CONTRACT NO. (If any)		6. SHIP TO:	
3. ORDER NO. HHSP233201200109M		4. REQUISITION/REFERENCE NO. OS93093		a. NAME OF CONSIGNEE OS-OPHS Region 6	
5. ISSUING OFFICE (Address correspondence to) DHHS/PSC/SAS/DAM Ardennes Building, Suite 400 12501 Ardennes Avenue Rockville MD 20857				b. STREET ADDRESS 1301 Young Street	
				c. CITY Dallas	e. ZIP CODE 75202
7. TO: BRENDA SALAZAR				f. SHIP VIA	
a. NAME OF CONTRACTOR HIDALGO, COUNTY OF 1411977				8. TYPE OF ORDER	
b. COMPANY NAME				<input checked="" type="checkbox"/> a. PURCHASE	
c. STREET ADDRESS HEALTH & HUMAN SERVICES 1615 S CLOSNER BLVD STE G				REFERENCE YOUR:  Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if anv. including delivery as indicated.	
d. CITY EDINBURG				e. STATE TX	f. ZIP CODE 785394582
9. ACCOUNTING AND APPROPRIATION DATA 2012.1060137.25102				10. REQUISITIONING OFFICE JEFFERY SHANDREA M (OS0)	

11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input checked="" 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 <input type="checkbox"/> g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOSB PROGRAM <input type="checkbox"/> h. EDWOSB				12. F.O.B. POINT Destination	
13. PLACE OF a. INSPECTION Destination		b. ACCEPTANCE Destination		14. GOVERNMENT B/L NO.	
				15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 07/31/2013	
16. DISCOUNT TERMS					

**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)
	Tax ID Number: 74-6000717 DUNS Number: 103110834 Appr. Yr.: 2012 CAN: 1060137 Object Class: 25102 Period of Performance: 08/01/2012 to 07/31/2013  If you have any questions regarding this Continued ...					

18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOTAL (Cont. pages)
21. MAIL INVOICE TO:						
a. NAME PSC/FMS						\$3,000.00
b. STREET ADDRESS (or P.O. Box) PSC_invoices@psc.hhs.gov						\$3,000.00
c. CITY		d. STATE	e. ZIP CODE			17(i) GRAND TOTAL

22. UNITED STATES OF AMERICA BY (Signature)		Electronically Signed 07/17/2012		23. NAME (Typed) NORA V. TYSON TITLE: CONTRACTING/ORDERING OFFICER	
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**SCHEDULE - CONTINUATION**

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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
1	<p>order, please contact Nora V. Tyson at (301)443-5229.</p> <p>PROFESSIONAL SERVICE CONTRACT</p> <p>Project Officer: James LaVelle Dickens FNP, FAANP Commander, U.S. Public Health Service Office of Minority Health, Region VI Office of the Assistant Secretary for Health U.S. Department of Health and Human Services 1301 Young Street, Suite 1124 Dallas, TX 75202 (O) 214-767-3882 (F) 214-767-3209 email: james.dickens@hhs.gov</p> <p>Title: HidalGO Fit Program</p> <p>Purpose: The project will be used to offer education, knowledge, and training needed to empower local health professionals to lead the community to make healthy choices for life and reduce cardiovascular disease prevalence rates in Hidalgo County.</p> <p>Statement of Work Objective: The HidalGO Fit program will promote nutrition and fitness to our adult community.</p> <p>The HidalGO Fit Conference will:</p> <ol style="list-style-type: none"> <li>Demonstrate the negative public health implications associated with Cardiovascular Disease</li> <li>Advance Hidalgo County's movement towards Cardiovascular Disease prevention and control</li> <li>Provide practical information on the nutrition and fitness activities to the community that can be used in their everyday life.</li> <li>Utilize the Million Hearts initiative evidence-based practical tools and resources</li> </ol> <p>TASKS: Describe the community or state outreach need for this project. Continued ...</p>				3,000.00	
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))					\$3,000.00	

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DATE OF ORDER  
07/17/2012

CONTRACT NO.

ORDER NO.

HHSP233201200109M

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	<p>1. Conduct planning meetings with stakeholders</p> <p>2. Invite local public health organizations to display their services at the Conference</p> <p>3. Advertise HidalGO FIT Conference with public health agencies and community</p> <p>4. Have HidalGO FIT Conference</p> <p>5. Summarize data obtained into a final report</p> <p>Deliverables: Final report of proposed activities due at completion of project, which will include the types of media campaigns and numbers done in each community (i.e. number of radio ads, newspaper ads, pamphlets produced).</p> <p>Evaluative Process: 1. Evaluation: What performance measure(s) will be used to measure the success of your project?</p> <ul style="list-style-type: none"> <li>-Maintain sign-in sheets for every meeting held</li> <li>-Maintain agenda for every meeting</li> <li>-Maintain minutes of every meeting</li> <li>-Maintain sign-in sheet of all participating organizations and Conference attendees</li> <li>-Distribute pre-post tests to determine knowledge gained from each participant</li> </ul> <p>Audience: The target audience will be Hispanic adults</p> <p>Payment Schedule: Upon receipt and acceptance of the deliverable by the Project Officer payments shall be authorized as follows:</p> <p>Within 15 days of notification of the award \$2500.</p> <p>Final Payment is pending the receipt of last deliverable (project final report) \$500.</p> <p>Total amount of award shall not exceed \$3,000.00.</p> <p>900 CONTRACTING OFFICER REPRESENTATIVE AUTHORITY The Contracting Officer Representative listed above is hereby designated to monitor the performance of this order on behalf of the Government. The Contracting Officer Representative will provide no supervisory or instructional assistance to Contractor Continued ...</p>					

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\$0.00

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	<p>personnel. The Contracting Officer's Representative function is primarily to provide the Contractor with working data. The Contracting Officer Representative is not empowered to make any commitments, nor authorized to make any changes which affect prices, terms, or delivery as specified on this order. Any such proposed changes shall be brought to the immediate attention of the Ordering Officer for action. The acceptance of any change by the Contractor without specific approval and written consent of the Ordering Officer will be at the Contractor's own risk.</p> <p>929 INVOICE INFORMATION/CLAUSES INCORPORATED BY REFERENCE</p> <p>1. INVOICE INFORMATION</p> <p>IN ADDITION TO THE INFORMATION REQUIRED BY 52.232-25 (PROMPT PAYMENT), YOUR INVOICE MUST CONTAIN THE FOLLOWING: TAX IDENTIFICATION NUMBER (EMPLOYER'S IDENTIFICATION NUMBER) OR SOCIAL SECURITY NUMBER.</p> <p>2. CLAUSES INCORPORATED BY REFERENCE (FAR 52.252-2) (FEB 1998)</p> <p>THIS CONTRACT INCORPORATES ONE OR MORE CLAUSES BY REFERENCE, WITH THE SAME FORCE AND EFFECT AS IF THEY WERE GIVEN IN FULL TEXT. UPON REQUEST, THE CONTRACTING OFFICER WILL MAKE THEIR FULL TEXT AVAILABLE. ALSO, THE FULL TEXT OF A CLAUSE MAY BE ACCESSED ELECTRONICALLY AT THIS ADDRESS: <a href="https://www.acquisition.gov/far">HTTPS://WWW.ACQUISITION.GOV/FAR</a></p> <p>FEDERAL ACQUISITION REGULATION (48 CFR CHAPTER 1) CLAUSES</p> <p>FAR 52.204-7 CENTRAL CONTRACTOR REGISTRATION (APR 2008)</p> <p>FAR 52.212-4 CONTRACT TERMS AND CONDITIONS - COMMERCIAL ITEMS (MAR 2009)</p> <p>FAR 52.232-33 PAYMENT BY ELECTRONIC FUNDS TRANSFER - CENTRAL CONTRACTOR REGISTRATION (OCT 2003)</p> <p>938 PARTIAL PAYMENTS</p> <p>Partial Payments are authorized upon receipt and acceptance of deliverables by the Project Officer. Invoices/Request for Payments shall be submitted directly to the Project Officer for approval of payment.</p> <p>The total amount of award: \$3,000.00. The obligation for this award is shown in box 17(i).</p>					

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\$0.00