

ORDER FOR SUPPLIES OR SERVICES

PAGE 1 OF PAGES 12

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

1. DATE OF ORDER 09/20/2013		2. CONTRACT NO. (If any) 200-2013-M-57552		6. SHIP TO:		
3. ORDER NO.		4. REQUISITION/REFERENCE NO. 00HCVJHC-2013-64081		a. NAME OF CONSIGNEE CDC DISTRIBUTION CENTER (Warehouse)		
5. ISSUING OFFICE (Address correspondence to) Centers for Disease Control and Prevention (CDC) Procurement and Grants Office (PGO) 2920 Brandywine Road Atlanta, GA 30341-5539				b. STREET ADDRESS 3719 NORTH PEACHTREE RD.		
7. TO:				c. CITY CHAMBLEE		e. ZIP CODE 30341-2221
a. NAME OF CONTRACTOR INFECTIOUS DISEASES SOCIETY OF AMERICA DUNS NUMBER: 957472780				f. SHIP VIA		
b. COMPANY NAME				8. TYPE OF ORDER		
c. STREET ADDRESS 1300 WILSON BLVD STE 300				<input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR:		<input type="checkbox"/> b. DELIVERY
d. CITY ARLINGTON				e. STATE VA		f. ZIP CODE 22209-2332
9. ACCOUNTING AND APPROPRIATION DATA 939ZZQB 2516 2013 75-13-0950 5610211101				10. REQUISITIONING OFFICE HCVJHC		
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
12. F.O.B. POINT Destination			14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 09/29/2014	16. DISCOUNT TERMS Net 30 Days
13. PLACE OF						
a. INSPECTION		b. ACCEPTANCE				

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)
	<p>COR: Kiren Mitruka Email: KMitruka@cdc.gov Phone: 404.639.3488</p> <p>Vendor: Andres Rodriguez Email: arodriguez@idsociety.org Phone: 703-299-5146</p> <p>PGO: Corina Couch Email: CLCouch@cdc.gov Phone: 770-488-2064</p> <p>Please reference proposal submitted on 09/18/2013 when completing order.</p>					

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		\$123,500.00	17(h) TOT. (Cont. pages)	
	21. MAIL INVOICE TO:								
	a. NAME Centers for Disease Control and Prevention (FMO)								
	b. STREET ADDRESS (or P.O. Box) PO Box 15580 404-718-8100								
c. CITY Atlanta					d. STATE GA	e. ZIP CODE 303330080		\$123,500.00	17(i) GRAND TOTAL

22. UNITED STATES OF AMERICA (Signature)	23. NAME (Typed) Gordon D Barritt TITLE: CONTRACTING/ORDERING OFFICER
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SECTION B - SUPPLIES OR SERVICES AND PRICES/COSTS

ITEM	SUPPLIES / SERVICES	QTY / UNIT	UNIT PRICE	EXTENDED PRICE
0001	<p>Report - Manuscript</p> <p>The purpose of this acquisition is to enhance hepatitis C virus screening and testing by clinicians through inclusion of national HCV screening and testing recommendations and interventions for implementing these recommendations in revised guidelines for hepatitis C care and treatment with updated treatment options.</p> <p>Period of Performance: 09/30/2013 - 09/29/2014</p> <p>This is a Non-Severable Line Item This is a Firm Fixed Price Line Item Line(s) Of Accounting: 939ZZQB 2516 2013 75-13-0950 5610211101 \$123,500.00</p>	1 Job	\$123,500.00	\$123,500.00

SECTION C - STATEMENT OF WORK

Title of Project: Incorporation of hepatitis C virus testing recommendations and interventions for implementation of testing recommendations together with care and treatment guidelines to improve health outcomes for persons living with hepatitis C infection.

I. Background and Need

In the United States, an estimated 3.4-4.9 million people have ever been infected with hepatitis C virus (HCV) and approximately 75 % of those infected remain chronically infected, carrying the infection for life.¹ Persons with chronic hepatitis C infection (2.7-3.9 million persons) are at risk for developing cirrhosis or hepatocellular carcinoma (the fastest growing cause of cancer-related deaths in the United States)², both of which can lead to end stage liver disease and liver failure. In fact, HCV infection is the leading indication for liver transplants and the number of HCV-related deaths has surpassed the number of deaths from HIV/AIDS.^{3,4} Thus HCV infection is a serious public health problem, and HCV-related morbidity and mortality are predicted to grow without appropriate diagnosis and treatment.^{5,6}

Fortunately, advances in drug therapy over the years have improved the chances of cure from 10% in 1990 to 70% in 2013;^{7,8} medications in the pipeline are expected to be even better, curing over 90% of persons with certain types of chronic HCV infection, with fewer side effects.⁸ However, the full potential of these advances cannot be realized unless HCV-infected persons are detected: recent estimates show that only approximately 50 % of HCV-infected persons were tested and identified with the infection.⁹ This underdiagnosis is likely a reflection of the long latency between acquisition of HCV infection and development of end stage liver disease with associated recognizable signs and symptoms. Therefore, increased clinician awareness about national HCV screening recommendations (e.g., CDC recommendations on HCV screening and testing of persons born during 1945–1965)¹⁰ and intervention strategies that prompt clinicians to order appropriate HCV diagnostic tests¹¹ on persons at risk for infection, are needed to improve diagnosis and linkage to treatment.

II. Project objectives

The purpose of this acquisition is to enhance hepatitis C virus screening and testing by clinicians through inclusion of national HCV screening and testing recommendations and interventions for implementing these recommendations in revised guidelines for hepatitis C care and treatment with updated treatment options.

III. Scope of work

The contractor will have an existing plan and a process for developing updated guidelines on HCV care and treatment. As part of this process, the contractor will compile and summarize national (U.S. and other developed countries) recommendations on HCV screening and testing to inform deliberations for the revision of guidelines on HCV care and treatment so that suitable HCV screening and testing recommendations are incorporated. The contractor will also review the evidence on interventions to enhance chronic viral infection (i.e., hepatitis C, hepatitis B and HIV) screening and testing practices and identify those interventions that could be applicable for implementing national hepatitis C screening and testing recommendations in primary care and other clinical settings. The contractor will incorporate these interventions in the revised guidelines on care and treatment to improve identification of HCV infection.

IV. Technical Requirements

The Contractor will be an authoritative body with experience in national guideline development and publication in HCV diagnosis, management, and treatment. The contractor will have an existing plan and a process for developing updated guidelines on HCV care and treatment. The contractor, as an independent organization and not as an agent of the Government, shall furnish all necessary personnel, facilities, supplies, and equipment required to perform the tasks specified in this Statement of Work. The Contract Officer's Representative (COR) will provide technical guidance and information to the contractor regarding the requirements of this contract, and the contractor will collaborate with the Technical Monitor to clarify technical directions. However, any technical directions or discussions that could result in a contract change or a change to the Statement of Work must be coordinated with and agreed to by the Contracting Officer.

The Contractor will work with and report to the CDC Contracting Officer's Representative as the primary point of contact. The Contractor will perform the following tasks and provide the deliverables described within the timeframes:

1. Task 1: Identify national recommendations for hepatitis C screening

- 1.1. Compile and summarize national recommendations on hepatitis C screening and testing as part of evidence review for the development of updated hepatitis C care and treatment guidelines.
 - 1.1.1. Compile national recommendations, including but not restricted to those for the United States
 - 1.1.1.1. Examples of U.S. recommendations to be reviewed include those released by CDC and other federal agencies, U.S. Preventive Services Task Force, and professional organizations.
 - 1.1.2. Summarize all compiled national recommendations of the United States and other countries
- 1.2. Review the compiled national recommendations for hepatitis C screening and testing
- 1.3. Based on review, identify and summarize the recommendations determined (at deliberations for updating of the care and treatment guidelines) suitable for incorporation into the updated hepatitis C care and treatment guidelines. The summary will include a description of the methods used to identify national HCV screening and testing guidelines and to reach conclusions about recommendations suitable for incorporation into updated hepatitis C care and treatment guidelines

2. Task 2: Identify interventions to implement national hepatitis C screening and testing recommendations

- 2.1. Compile and summarize evidence on interventions to enhance chronic viral infection (i.e., hepatitis C, hepatitis B and HIV) screening and testing practices by clinicians, applicable for implementing national hepatitis C screening and testing recommendations in clinical settings.

- 2.1.1. Compile evidence of interventions to enhance screening practices by clinicians
 - 2.1.1.1. Examples of interventions include standing physician orders for screening and testing, clinical decision support tools, and National Quality Form performance measures
 - 2.1.2. Summarize all compiled evidence on interventions to enhance screening practices by clinicians.
 - 2.2. Review the compiled evidence on interventions to enhance chronic viral infection (i.e., hepatitis C, hepatitis B and HIV) screening and testing practices by clinicians.
 - 2.3. Based on review, identify and summarize interventions effective in enhancing clinician screening and testing practices, determined (at deliberations for updating of the care and treatment guidelines) suitable for incorporation into the updated hepatitis C care and treatment guidelines. Summary to include a description of the methods used for review of interventions, and to reach conclusions about interventions effective for the implementation of national HCV screening and testing recommendations in clinical settings and suitable for incorporation into the updated hepatitis C care and treatment guidelines.
3. **Task 3: Plan for incorporation of hepatitis C screening and testing recommendations and interventions for implementation of these recommendations in the updated hepatitis C care and treatment guidelines**
- 3.1. Draft a plan for incorporation of the finalized products developed under tasks 1.3 and 2.3 into the upcoming updated hepatitis C care and treatment guidelines. The plan should include next steps and timeline for incorporation of the products in the updated hepatitis C care and treatment guidelines

V. Deliverables

Deliverable	Due date
Coordinate and conduct kick-off (via teleconference) meeting with CDC and other partners to summarize activities and next steps.	Within 2 weeks of the date of award.
Submit to CDC a written summary of the kick-off meeting to CDC	Within 5 days of the kick-off meeting
Meet with CDC (via teleconference) to describe progress made in compiling the following 1) National hepatitis C screening guidelines (Task 1.1.1) <u>and</u> 2) Interventions for implementation of HCV screening in clinical settings (Task 2.1.1)	Within 2 months the date of award.
Submit to CDC summaries of <u>all</u> compiled national recommendations of the United States and other countries (task 1.1.2)	Within 4 months the date of award
Submit to CDC summaries of <u>all</u> evidence on interventions to enhance clinician testing (task 2.1.2)	Within 4 months the date of award
Meet with CDC (via teleconference) to describe progress made on the following 1) Review of the compiled national recommendation for hepatitis C screening (Task 1.2) <u>and</u> 2) Review of the evidence on interventions to enhance HCV screening practice by clinicians (Task 2.2).	Within 6 months the date of award
Submit to CDC draft summaries of screening recommendations determined suitable for incorporation into the updated hepatitis C care and treatment guidelines (Task 1.3)	Within 8 months the date of award
Submit to CDC draft summaries of interventions effective in enhancing clinician screening practices, determined suitable for incorporation into the updated hepatitis C care and treatment guidelines (Task 2.3)	Within 8 months the date of award
Submit a plan to CDC for incorporation of the finalized products developed under tasks 1.3 and 2.3 into the updated hepatitis C care and treatment guidelines (Task 3)	Within 11 months of the date of the award

VI. Special considerations

The Contractor will not disseminate information gathered under this contract in peer reviewed journal or conference abstracts or presentations without CDC collaboration. All data and products developed under this contract will become and remain the property of the US government.

VII. Government Furnished Property

No government property will be furnished to the contractor.

SECTION D – CONTRACT CLAUSES

D.1 52.252-2 Clauses Incorporated by Reference (Feb 1998)

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/these address(es):

<http://www.acqnet.gov>
<http://farsite.hill.af.mil/>

(End of Clause)

FAR SOURCE	TITLE AND DATE
52.202-1	Definitions (Jul 2004)
52.203-3	Gratuities (Apr 1984)
52.203-5	Covenant against Contingent Fees (Apr 1984)
52.203-6	Restrictions on Subcontractor Sales to the Government (Sep 2006)
52.203-7	Anti-Kickback Procedures (Oct 2010)
52.203-8	Cancellation, Rescission, and Recovery of Funds for Illegal or Improper Activity (Jan 1997)
52.203-10	Price or Fee Adjustment for Illegal or Improper Activity (Jan 1997)
52.203-12	Limitation on Payments to Influence Certain Federal Transactions (Sep 2007)
52.203-13	Contractor Code of Business Ethics and Conduct (Dec 2008)
52.204-4	Printed or Copied Double-Sided on Recycled Paper (Aug 2000)
52.204-10	Reporting Subcontract Awards (Sep 2007)
52.209-6	Protecting the Government's Interest When Subcontracting with Contractors Debarred, Suspended, or Proposed for Debarment (Sep 2006)
52.204-7	Central Contractor Registration (Apr 2008)
52.204-9	Personal Identity Verification of Contractor Personnel (Jan 2011)
52.209-2	Prohibition on Contracting with Inverted Domestic Corporations - Representation (May 2011)
52.209-6	Protecting the Government's Interest When Subcontracting with Contractors Debarred, Suspended, or Proposed for Debarment (Sep 2006)
52.215-2 Alternate II	Audit and Records - Negotiation - Alternate II (Apr 1998)
52.215-8	Order of Precedence - Uniform Contract Format (Oct 1997)
52.215-11	Price Reduction for Defective Certified Cost or Pricing Data - Modifications (Aug 2011)
52.215-13	Subcontractor Certified Cost or Pricing Data - Modifications (Oct 2010)
52.215-17	Waiver of Facilities Capital Cost of Money (Oct 1997)
52.215-19	Notification of Ownership Changes
52.215-21	Requirements for Certified Cost or Pricing Data or Information Other Than Certified Cost or Pricing Data - Modifications (Oct 2010)
52.222-1	Notice to the Government of Labor Disputes (Feb 1997)

52.222-3	Convict Labor (Jun 2003)
52.222-21	Prohibition of Segregated Facilities (Feb 1999)
52.222-22	Previous Contracts and Compliance Reports
52.222-26	Equal Opportunity (Mar 2007)
52.222-35	Equal Opportunity for Special Disabled Veterans, Veterans of the Vietnam Era, and Other Eligible Veterans (Sep 2006)
52.222-36	Affirmative Action for Workers With Disabilities (Jun 1998)
52.222-37	Employment Reports on Special Disabled Veterans, Veterans of the Vietnam Era, and Other Eligible Veterans (Sep 2006)
52.222-4	Contract Work Hours and Safety Standards Act - Overtime Compensation (Jul 2005)
52.222-43	Fair Labor Standards Act and Service Contract Act - Price Adjustment (Multiple Year and Option Contracts) (Nov 2006)
52.222-44	Fair Labor Standards Act and Service Contract Act - Price Adjustment (Feb 2002)
52.222-50	Combating Trafficking in Persons (Feb 2009)
52.222-54	Employment Eligibility Verification (Jan 2009)
52.223-5	Pollution Prevention and Right-to-Know Information (May 2011)
52.223-6	Drug-Free Workplace
52.223-10	Waste Reduction Program (May 2011)
52.223-12	Refrigeration Equipment and Air Conditioners (May 1995)
52.224-1	Privacy Act Notification (Apr 1984)
52.224-2	Privacy Act (Apr 1984)
52.225-13	Restrictions on Certain Foreign Purchases (Jun 2008)
52.226-1	Utilization of Indian Organizations and Indian-Owned Economic Enterprises (Jun 2000)
52.227-1	Authorization and Consent (Jul 1995)
52.227-2	Notice and Assistance Regarding Patent and Copyright Infringement (Aug 1996)
52.227-3	Patent Indemnity (Apr 1984)
52.227-14	Rights in Data – General, Alt IV (Jun 1987)
52.229-3	Federal, State, and Local Taxes (Apr 2003)
52.230-3	Disclosure and Consistency of Cost Accounting Practices
52.232-1	Payments (Apr 1984)
52.232-8	Discounts for Prompt Payment (Aug 2005)
52.232-9	Limitation on Withholding of Payments (Aug 2005)
52.232-11	Extras (Aug 2005)
52.232-17	Interest (Oct 2008)
52.232.23	Assignment of Claims
52.232-25	Prompt Payment (Oct 2008)
52.233-1	Disputes (Jul 2002)

52.233-3	Protest after Award (Aug 1996)	
52.233-4	Applicable Law for Breach of Contract Claim (Oct 2004)	
52.237-3	Continuity of Services (Jan 1991)	
52.237-7	Indemnification and Medical Liability Insurance (Jan 1997)	
52.239-1	Privacy or Security Safeguards (Aug 1996)	
52.242-13	Bankruptcy (Jul 1995)	
52.243-1	Changes - Fixed Price (Aug 1987)	
52.243-1 Alternate I	Changes - Fixed Price - Alternate I (Apr 1984)	
52.243-7	Notification of Changes (Apr 1984)	
52.244-2	Subcontracts (Dec 2008)	
52.244-5	Competition in Subcontracting (Dec 1996)	
52.245-1	Government Property (Aug 2010)	
52.245-9	Use and Charges (Jun 2007)	
52.246-25	Limitation of Liability - Services (Feb 1997)	
52.247-67	Submission of Transportation Documents for Audit (Feb 2006)	
52.248-1	Value Engineering (Oct 2010)	
52.249-2 Alternate I	Termination for Convenience of the Government (Fixed-Price) - Alternate I (Sep 1996)	
52.249-8	Default (Fixed-Price Supply and Service) (Apr 1984)	
52.249-14	Excusable Delays (Apr 1984)	
52.253-1	Computer Generated Forms (Jan 1991)	
HHSAR SOURCE	TITLE AND DATE	
352.232-9	Withholding of Contract Payments (Jan 2006)	
352.270-5	Key Personnel (Jan 2006)	
352.270-6	Publications and Publicity (Jan 2006)	
352.270-7	Paperwork Reduction Act (Jan 2006)	
352.270-10	Anti-Lobbying (Mar 2012)	
352.270-11	Privacy Act (Jan 2006)	
352.270-13	Tobacco-Free Facilities (Jan 2006)	

CDC37.0001 Non-Personal Services (April 2013)

(a) Personal services shall not be performed under this contract. Although the Government may provide sporadic or occasional instructions within the scope of the contract, the Contractor is responsible for control and supervision of its employees. If the Contractor (including its employees) believes any Government action or communication has been given that would create a personal services relationship between the Government and any Contractor employee, the Contractor shall promptly notify the Contracting Officer of this communication or action.

(b) The contractor shall comply with, and ensure their employees and subcontractors comply with, CDC Policy titled "Identification of Contractors' Employees and Safeguarding Government Information." No Contractor employee shall hold him or

herself out to be a Government employee, agent, or representative. No Contractor employee shall state orally or in writing at any time that he or she is acting on behalf of the Government. In all communications with third parties in connection with this contract, Contractor employees shall identify themselves as Contractor employees and specify the name of the company for which they work. . The contractor is limited to performing the services identified in the contract statement of work and shall not interpret any communication with anyone as a permissible change in contract scope or as authorization to perform work not described in the contract. All contract changes will be incorporated by a modification signed by the Contracting Officer.

(c) The Contractor shall ensure that all of its employees and subcontractor employees working on this contract are informed of the substance of this clause. The Contractor agrees that this is a non-personal services contract; and that for all the purposes of the contract, the Contractor is not, nor shall it hold itself out to be an agent or partner of, or joint venture with, the Government. The Contractor shall notify its employees that they shall neither supervise nor accept supervision from Government employees. The substance of this clause shall be included in all subcontracts at any tier.

(d) Nothing in this clause shall limit the Government's rights in any way under any other provision of the contract, including those related to the Government's right to inspect and accept or reject the services performed under this contract.

(End of Clause)

CDC42.0001 Contractor Performance Assessment Reporting System (CPARS) Requirements (April 2003)

In accordance with FAR 42.15, the Centers for Disease Control and Prevention (CDC) will review and evaluate contract performance. FAR 42.1502 and 42.1503 requires agencies to prepare evaluations of contractor performance and submit them to the Past Performance Information Retrieval System (PPIRS). The CDC utilizes the Department of Defense (DOD) web-based Contractor Performance Assessment Reporting System (CPARS) to prepare and report these contractor performance evaluations. All information contained in these assessments may be used by the Government, within the limitations of FAR 42.15, for future source selections in accordance with FAR 15.304 where past performance is an evaluation factor.

The CPARS system requires a contractor representative to be assigned so that the contractor has appropriate input into the performance evaluation process. The CPARS contractor representative will be given access to CPARS and will be given the opportunity to concur or not-concur with performance evaluations before the evaluations are complete. The CPARS contractor representative will also have the opportunity to add comments to performance evaluations.

The assessment is not subject to the Disputes clause of the contract, nor is it subject to appeal beyond the review and comment procedures described in the guides on the CPARS website. Refer to: www.cpars.gov for details and additional information related to CPARS, CPARS user access, how contract performance assessments are conducted, and how Contractors participate. Access and training for all persons responsible for the preparation and review of performance assessments is also available at the CPARS website.

The contractor must provide the CDC contracting office with the name, e-mail address, and phone number of their designated CPARS representative who will be responsible for logging into CPARS and reviewing and commenting on performance evaluations. The contractor must maintain a current representative to serve as the contractor representative in CPARS. It is the contractor's responsibility to notify the CDC contracting office, in writing (letter or email), when their CPARS representative information needs to be changed or updated. Failure to maintain current CPARS contractor representative information will result in the loss of an opportunity to review and comment on performance evaluations.

Provide the current CPARS representative information below.

PRINT OR TYPE NAME

EMAIL ADDRESS AND PHONE NUMBER

[End of Provision]

CDC42.0002 Evaluation of Contractor Performance Utilizing CPARS (April 2013)

In accordance with FAR 42.15, the Centers for Disease Control and Prevention (CDC) will review and evaluate contract performance. FAR 42.1502 and 42.1503 requires agencies to prepare evaluations of contractor performance and submit them to the Past Performance Information Retrieval System (PPIRS). The CDC utilizes the Department of Defense (DOD) web-based Contractor Performance Assessment Reporting System (CPARS) to prepare and report these contractor performance evaluations. All information contained in these assessments may be used by the Government, within the limitations of FAR 42.15, for future source selections in accordance with FAR 15.304 where past performance is an evaluation factor.

The CPARS system requires a contractor representative to be assigned so that the contractor has appropriate input into the performance evaluation process. The CPARS contractor representative will be given access to CPARS and will be given the opportunity to concur or not-concur with performance evaluations before the evaluations are complete. The CPARS contractor representative will also have the opportunity to add comments to performance evaluations.

The assessment is not subject to the Disputes clause of the contract, nor is it subject to appeal beyond the review and comment procedures described in the guides on the CPARS website. Refer to: www.cpars.gov for details and additional information related to CPARS, CPARS user access, how contract performance assessments are conducted, and how Contractors participate. Access and training for all persons responsible for the preparation and review of performance assessments is also available at the CPARS website.

The contractor must provide the CDC contracting office with the name, e-mail address, and phone number of their designated CPARS representative who will be responsible for logging into CPARS and reviewing and commenting on performance evaluations. The contractor must maintain a current representative to serve as the contractor representative in CPARS. It is the contractor's responsibility to notify the CDC contracting office, in writing (letter or email), when their CPARS representative information needs to be changed or updated. Failure to maintain current CPARS contractor representative information will result in the loss of an opportunity to review and comment on performance evaluations.

[End of Clause]

CDC100.0001 Needle Exchange (May 2013)

No funds appropriated in the FY13 Appropriations Act and obligated to this contract may be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

(End of clause)

Invoice Submission - Part 1 (Mar 2006)

(a) The Contractor shall submit the original contract invoice/voucher to the shown below:

The Centers for Disease Control and Prevention
Financial Management Office (FMO)
P.O. Box 15580
Atlanta, GA 30333

(b) Please do not forget to submit a copy of each invoice directly to the Project Officer and Contracting Officer or Contract Administrator *concurrently* with submission to the Financial Management Office (FMO). It saves time, postage, and speeds up the payment processing by emailing the invoices to the 3 listed email addresses below:

Financial Management Office (FMO): Email: FMOAPINV@CDC.GOV

Contract Administrator: Corina Couch, CLCouch@cdc.gov, 770.488.2064

Project Officer: Kiren Mitruka, KMitruka@cdc.gov, 404.639.0810

- (c) The Contractor is required to submit a copy of each invoice directly to the Project Officer concurrently with submission to the Contracting Officer.
- (d) In accordance with 5 CFR part 1315 (Prompt Payment), CDC's Financial Management Office is the designated billing office for the purpose of determining the payment due date under FAR 32.904.
- (e) The Contractor shall include (as a minimum) the following information on each invoice:
- (1) Contractor's Name & Address
 - (2) Contractor's Tax Identification Number (TIN)
 - (3) Purchase Order/Contract Number and Task Order Number, if Appropriate
 - (4) Invoice Number
 - (5) Invoice Date
 - (6) Contract Line Item Number and Description of Item
 - (7) Quantity
 - (8) Unit Price & Extended Amount for each line item
 - (9) Shipping and Payment Terms
 - (10) Total Amount of Invoice
 - (11) Name, title and telephone number of person to be notified in the event of a defective invoice
 - (12) Payment Address, if different from the information in (e)(1).
 - (13) DUNS + 4 Number

(End of Clause)