



Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

July 30, 2004

Brian S. Hooker, Ph.D., P.E.
503 South Young Place
Kennewick, Washington 99336

Dear Dr. Hooker:

This letter is in response to your follow-up E-mail of July 6 regarding your Freedom of Information Act (FOIA) request of June 9 pertaining to task order #74.

Program staff identified the enclosed document as being within the scope of your request.

Certain portions of confidential commercial/financial information (i.e., EIN's), disclosure of which would cause the submitter substantial competitive harm, were deleted under the provisions of 5 U.S.C. 552(b)(4) of the Act and 45 CFR 5.65 of the Department's implementing regulations.

We are withholding a one-page predecisional internal communication, release of which would interfere with the agency's deliberative process. This decision is based upon the Act at 5 U.S.C. 552(b)(5) and the Department's implementing regulation at 45 CFR 5.66(a).

To appeal this decision to deny you full access to agency records, send your appeal, within 30 days from the date you receive this letter, to the Deputy Assistant Secretary for Public Affairs (Media), U.S. Department of Health and Human Services, Room 17A-46, 5600 Fishers Lane, Rockville, Maryland 20857. Please mark both your appeal letter and envelope "FOIA Appeal."

The fee is waived in this instance because it falls below our billing threshold.

Sincerely yours,

A handwritten signature in black ink, reading "Lynn Armstrong", is written over the typed name.

Lynn Armstrong
CDC/ATSDR FOIA Officer
Office of Communication
(404) 639-7270
Fax: (404) 639-7395

Enclosures
04-0688

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
INTER/INTRA-AGENCY AGREEMENT (IAA)
Payable Agreements (CDC is Procuring Agency)

| | | |
|---|--|--|
| 1. CDC IAA #: (10 to 13 digits) 00FED17358 | 2. PARTICIPATING AGENCY IAA #: Y3-AI-0488-01 | 3. TYPE OF AGREEMENT <input checked="" type="radio"/> New <input type="radio"/> Modification <input type="radio"/> Administrative Modification Number: |
| 4. TITLE OF PROJECT: Vaccine Safety Review Panel | | |
| 5. DESCRIPTION OF WORK: (Please attach) see attached | | 6. AMOUNT: (Not to exceed without written modification) \$2,043,000.00 |
| 7. NAME AND ADDRESS OF PARTICIPATING FEDERAL AGENCY: National Institute of Health 6700-B Rockledge Drive MSC-7600, Room 1131 Bethesda, MD. 20892-7600 | | LIAISON NAME: Keith Lamirande PHONE #: (301) 496-7151 EMAIL ADDRESS: KLAMIRANDE@nih.gov PAX #: (301) 402-0520 |
| 8. NAME AND ADDRESS OF CDC, CENTER, INSTITUTE OR OFFICE: Centers for Disease Control and Prevention National Immunization Program 1600 Clifton Road, MS E-61 Atlanta, Ga. 30333 | | LIAISON NAME: Shelia Jones PHONE #: (404) 639-8766 EMAIL ADDRESS: slj1@cdc.gov PAX #: (404) 639-8616 |
| 9. PROJECT PERIOD: 08/01/2000 through: 09/30/2003 | | FUNDING PERIOD: from 08/01/2000 through: 09/30/2000 |
| 10. CDC AUTHORITY: <input checked="" type="radio"/> Economy Act approved June 30, 1932, as amended by 31 U.S.C. 1535 and 1536 (See also item #14) <input type="radio"/> Other (Please specify): | | |

1. PARTICIPATING AGENCY AUTHORITY:

Same as above

| 2. CDC FUNDING INFORMATION: FOR CDC USE ONLY (CDC internal form 6012 - modified Document History Record) | | | | | | | APPROPRIATION NUMBER: |
|--|--------------------------------|--|--|---------------------------------|----------------------------------|--|-----------------------|
| F.Y. (For Accounting Use Only) | FY (2 digits) (Required) | DOC. REF. (For Accounting Use Only) | DOC. NO. (Original 10 digits) (Required) | CAN (7 digits) (Required) | O.C. (4 digits) (Required) | ALLOWANCE (3 digits) (For Budget Use Only) | \$ AMOUNT |
| 050 | 00 | 214 | 00FED17358 | 9217880 | 2539 | 171E9 | \$2,043,000.00 |
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12 ADMINISTRATIVE APPROVAL NAME and EMAIL ADDRESS: (Please print)

Shelia Jones -
slj1@cdc.gov

FMO BUDGET ANALYST SIGNATURE:

Shelia Jones 9-14-00

ADMINISTRATIVE APPROVAL SIGNATURE:

Shelia Jones

(Should not be the same as Block #18)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
INTER/INTRA-AGENCY AGREEMENT (IAA)
Payable Agreements (CDC is Procuring Agency)

CDC IAA #: 00FED17358

13. ADMINISTRATIVE BILLING REQUIREMENTS: CDC's ALC is **75090527**. Other Agency's ALC: (required) 75-08-0040

Billing is to be made through the use of the Online Payment and Collection (OPAC) system. Please include CDC's Official IAA # from Block #1 on all OPAC billings and correspondence. When CDC provides funds to the performing agency, in advance of receiving the goods or services, the performing agency agrees to provide, within 15 days of the end of each quarter, statements of obligations and expenditures made during the quarter. The statements shall be provided to the following address: DHHS, CDC, FMO, AP, Attn: ADVANCES/OPAC Desk, MS C-5, 4676 Columbia Parkway, Cincinnati, Ohio 45226.

(If required by other agency, CDC's Tax Identification # is 586051157.)

14. ADDITIONAL BILLING REQUIREMENTS: *(This block must be completed if procuring services under the Economy Act.)*

- ☐ All funds provided by CDC under this agreement must be obligated by the performing agency by the end of the FY in which the funds expire. Any unobligated but expired funds may not be used to fund services in subsequent periods. The CDC Financial Management Office (FMO) must be notified of any unobligated funds pertaining to this agreement at least 15 days before the end of the FY so that the agreement may be modified to reduce the funding amount when appropriate. This notification shall be provided to the following address:

DHHS, CDC, FMO, AP, Attn: OPAC Desk, MS C-5, 4676 Columbia Parkway, Cincinnati, Ohio 45226.

15. PARTICIPATING AGENCY FUNDING and/or INFORMATION: Appropriation: 75-0-0885; CAN 0-8425628; \$2,043,000
(Please include name, telephone number, and email address of contact person.)

| Name: | Telephone #: | Email: |
|-----------------|----------------|--------------------------|
| Keith Lamirande | (301) 496-7151 | KLamirande@niaid.nih.gov |

16. ☐ The participating agency as a signatory to the Common Rule states that in accepting these Interagency Agreement funds, it will abide by the human subjects research requirements stated in the Common Rule, and certify that all necessary assurances and institutional review board (IRB) approvals are obtained.

☐ The participating agency is NOT a signatory to the Common Rule. Upon issuance of these Interagency Agreement funds, it is the responsibility of the CDC Center, Institute, or Office (CIO) to certify that all necessary assurances and institutional review board (IRB) approvals are obtained. The CIO Associate Director for Science (ADS) must determine the Applicability of Human Subjects Regulations.

17. OTHER REQUIREMENTS:

A. Travel under this agreement is subject to allowances authorized in accordance with Federal Travel Regulations, Joint Federal Travel Regulations, and/or Foreign Service Regulations.

B. CDC will retain the title to any equipment procured under this agreement, unless otherwise justified in the statement of work.

18. CDC ACCEPTANCE: *(please print)*

Name: William P. Nichols

Title: Associate Director for Management & Operations

Email address: wpn1@cdc.gov

Signature: 

Date: 9/14/00

19. PARTICIPATING AGENCY ACCEPTANCE: *(please print)*

Name: Anthony S. Fauci, M.D.

Title: Director, NIAID

Email address: JMF39@NIH.GOV

Signature: 

Date: 9/29/2000

This agreement may be terminated by either agency upon a 30-day advance written notice. This agreement may be modified by mutual written consent of all parties.

Department of Health and Human Services
National Institutes of Health
Agency Agreement and Clearance

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|--------------------------------------|-----------------------------|
| intra-agency Agreement (with NIH) | Title of Agreement |
| Inter-agency Agreement (outside NIH) | Vaccine Safety Review Panel |

Summary of Substance of the Agreement (Include purpose, resources committed: funds, personnel, equipment, facilities, etc.)

Centers for Disease Control and Prevention will provide funds to support a Vaccine Safety Review Panel. There is no commitment of personnel or equipment for the agreement (NIAID# Y3-AI-0488-01)

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| delegations of Authority Under the Agreement economy Act of 1932, as amended (31 .S.C. 1535 and 1536). | Billing Information | |
| d of Agreement ate of signature through 9/30/00 | Payment Agency Agency Location Code: 75090527 EIN: Address: DHHS, CDC, FMO, AP Attn: Advances/OPAC Desk MS C-5 4676 Columbia Parkway Cincinnati, OH 45226 | Receiving Agency Agency Location Code: 75-08-0040 EIN: Address: Division of Extramural Financial Services National Institutes of Health 31 Center Drive, MSC 2050 Bethesda, MD 20892-2050 |

| Accounting Information | | | | | Signatories (Name, Title) | Date |
|------------------------|-------------------------------------|---------------|-----------|----------------|---|------|
| Agency | Agreement Number (for NIH Y1/Y2) | Appropriation | CAN | Amount | | |
| IC | 00FED17358 | 75-0-0943 | 0-9217880 | \$2,043,000.00 | | |
| | | | | | William P. Nichols, Associate Director for Management & Operations | |
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| Accounting Information | | | | | Signatories (Name, Title) | Date |
|--------------------------|-------------------------------|---------------|-----------|----------------|---|------|
| Receiving Federal Agency | Agreement Number (for NIH Y3) | Appropriation | CAN | Amount | | |
| AID | Y3-AI-0488-01 | 75-0-0885 | 0-8425628 | \$2,043,000.00 | | |
| | | | | | Anoth y S. Fauci, M.D., Director National Institute of Allergy and Infectious Diseases | |
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| | | | | | Thomas D. Williams Director, Office of Financial Management, NIAID | |
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| H Project Officer, ICD, Phone | NIH Administrative/Budget Office Contact, ICD, Phone |
| sh Landry, NIAID, 6-1884 | Keith R. Lamirande, NIAID, 6-7151 |

| | | | | | |
|----------------------|------------|--|--|--|--|
| Date/NIH Parancys | ICD: | | | | |
| | Signature: | | | | |