



EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-06)

Instructions for completing the EDS and the Contract process.

1. Please read the guidelines on the back of this form.
2. Please type all information.
3. Check all boxes that apply.
4. For amendments / renewals, attach original contract.
5. Attach additional pages if necessary.

3036

1. EDS Number: A70-6-2239	2. Date prepared: 7/3/2007
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3. CONTRACTS & LEASES

<input type="checkbox"/> Professional/Personal Services	<input type="checkbox"/> Contract for procured Services
<input type="checkbox"/> Grant	<input checked="" type="checkbox"/> Maintenance
<input type="checkbox"/> Lease	<input type="checkbox"/> License Agreement
<input type="checkbox"/> Attorney	<input checked="" type="checkbox"/> Amendment# <u>2</u>
<input type="checkbox"/> MOU	<input type="checkbox"/> Renewal # _____
<input type="checkbox"/> QPA	<input type="checkbox"/> Other _____

FISCAL INFORMATION

4. Account Number: 1000-10400.537800	5. Account Name: DEPARTMENT OF HEALTH
6. Total amount this action: \$51,721.00	7. New contract total: \$142,488.00
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year <u>2006</u>	<u>\$43,442.00</u>
Year <u>2007</u>	<u>\$47,325.00</u>
Year <u>2008</u>	<u>\$51,721.00</u>
Year _____	<u>\$</u> _____

TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year): 7/1/2007	12. To (month, day, year): 6/30/2008
13. Method of source selection:	
<input checked="" type="checkbox"/> Bid/Quotation	<input type="checkbox"/> Emergency
<input type="checkbox"/> RFP# _____	<input type="checkbox"/> Special Procurement
<input type="checkbox"/> Other (specify) _____	

35. Will the attached document involve data processing or telecommunications systems ☒ Yes: IOT or Delegate has signed off on contract

36. Statutory Authority (Cite applicable Indiana or Federal Codes):
IC-5-22-6

37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.)
This is a contract amendment to add newly promulgated contract language and renew contract term for additional 12 month term. Original contract was put in place for maintenance/support of SAS software.

38. Justification of vendor selection and determination of price reasonableness:
Contractor was lowest responsible bidder on solicitation issued.

39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)

40. Agency fiscal officer or representative approval

41. Date Approved

42. Budget agency approval

43. Date Approved

44. Attorney General's Office approval

45. Date Approved

46. Agency representative receiving from AG

47. Date Approved

NA

AGENCY INFORMATION

14. Name of agency: Department of Health	15. Requisition Number: 0000003977
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16. Address: 2 N. Meridian Street Indianapolis, IN 46204
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AGENCY CONTACT INFORMATION

17. Name: Roselyn Whisler	18. Telephone #: Unknown
19. E-mail address: rwhisler@isdh.in.gov	

COURIER INFORMATION

20. Name: Mark Hempel	21. Telephone #: 317-232-2498
22. E-mail address: mhempel@idoa.in.gov	

VENDOR INFORMATION

23. Vendor ID #	0000053297
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24. Name: EXECUTIVE INFORMATION SYSTEMS LLC	25. Telephone #: 301-581-1085
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26. Address: 6901 ROCKLEDGE DRIVE SUITE 600 BETHESDA, MD 20817

27. E-mail address:	Unknown
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28. Is the vendor registered with the Secretary of State? (Out of State Corporations must be registered)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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29. Primary Vendor: M/WBE	30. If yes, list the %:
Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Minority: _____ %
Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Women: _____ %

31. Sub Vendor: M/WBE	32. If yes, list the %:
Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Minority: _____ %
Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Women: _____ %

33. Is there Renewal Language in	34. Is there a "Termination for Convenience" clause in the document?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

1009-PM 2-11-AUG 6'07



Renewal # 2
(For Renewals that DO allow for a price increase)

Pursuant to IC 5-22-17-4 and the terms of the contract/grantee, Indiana State Dept of Health (hereinafter referred to as "State") exercises its option to renew its contract/grant with Executive Information Systems (hereinafter referred to as "Contractor" / "Grantee") under the same terms and conditions of the original contract/grant dated 7/1/05. The entire contract/grant shall commence on 7/1/05 and shall terminate on 6/30/08.

In accordance with the original contract/grant an increase of up to 10% or \$4,732.00, shall be allowed during this renewal period.

Total amount of this renewal is \$ 51,721.00. Total remuneration of this contract/grant is not to exceed \$ 142,488.00.

Non-Collusion and Acceptance

The undersigned attests, subject to the penalties for perjury, that he/she is the contracting party, or that he/she is the representative, agent, member or officer of the contracting party, that he/she has not, nor has any other member, employee, representative, agent or officer of the firm, company, corporation or partnership represented by him/her, directly or indirectly, to the best of his/her knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid any sum of money or other consideration for the execution of this agreement other than that which appears upon the face of the agreement.

All other matters previously agreed to and set forth in the original agreement shall remain in full force and effect.

In Witness Whereof, Contractor/Grantee and the State of Indiana have, through duly authorized representatives, entered into this contract/grant. The parties having read and understand the foregoing terms of the contract/grant do by their respective signatures dated below hereby agree to the terms thereof.

State of Indiana Agency:

Signature: [Signature]
Printed Name: Andrew Miller
Title: Asst. Systems Manager
Date: June 29, 2007

Executive Information Systems,
LLC

Signature: [Signature]
Printed Name: CHRISTOPHER DELATRE
Title: Account Mgr.
Date: 4-13-07

Indiana

Signature
Printed
Title:

Department of Administration

Mark A. Ruppel For
Carrie Henderson, Commissioner
Date: 7/12/2007

State Budget Agency

[Signature]
Charles E. Schalliol, Director
Date: 8/3/07

Indiana Office of Technology

[Signature]
Gerry Weaver, Chief Information Officer
Date: 5-Jul-2007

Office of the Attorney General

N/A
Stephen Carter
Attorney General
Date: _____



Executive Information Systems, LLC

Open Market Quotation

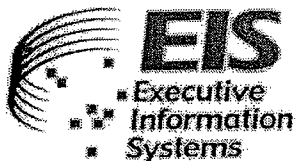
Quote #:	1-5943G	Open Market Contract #:	OPEN MKT
Rev. #:	1	Quote Effective From:	2/14/2007
Renewal Start Date:	7/1/2007	Quote Valid Through:	3/16/2007
Renewal End Date:	6/30/2008	Site Id:	61089

Prepared For:

Name: Roselyn Whisler
 Account: State of Indiana
 Location: Department of Health

Email: rwhisler@isdh.state.in.us
 Phone: (317) 233-7857
 Fax: (317) 233-7477

Line	OEM Part #	Description	Qty.	Unit Price	Extended Price
1	PC-ENTPKG50M	50 PC Enterprise Pkg w/Access to Oracle, Annual Maintenance for site #61089. Period of 7/1/07 to 6/30/08.	1	\$17,789.00	\$17,789.00
2	PC-ENTADDP50M	50 PC Enterprise Additional Products Access to ODBC. Annual Maintenance for site #61089. Period of 7/1/07 to 6/30/08.	1	\$3,534.00	\$3,534.00
3	PC-ENTADDP50M	50 PC Enterprise Additional Products Access to PCFF. Annual Maintenance for site #61089. Period of 7/1/07 to 6/30/08.	1	\$3,534.00	\$3,534.00
4	PC-ENTADP50M	50 PC Enterprise Appl Development Package, Annual Maintenance for site #61089. Period of 7/1/07 to 6/30/08.	1	\$6,326.00	\$6,326.00
5	PC-ENTSP50M	50 PC Enterprise Statistical Package, Annual Maintenance for site #61089. Period of 7/1/07 to 6/30/08.	1	\$6,377.00	\$6,377.00
6	PC-ENTANP50M	50 PC Enterprise Analytic Products ETS. Annual Maintenance for site #61089. Period of 7/1/07 to 6/30/08.	1	\$3,565.00	\$3,565.00
7	PC-ENTOLT50M	50 PC Enterprise Online Tutor, Annual Maintenance for site #61089. Period of 7/1/07 to 6/30/08.	1	\$3,451.00	\$3,451.00
8	SAS-ESRI-50M	Bridge for ESRI-50 Users, Annual Maintenance for site #61089. Period of 7/1/07 to 6/30/08.	1	\$7,145.00	\$7,145.00



Executive Information Systems, LLC Open Market Quotation

Sub-Total:	\$51,721.00
Sales Tax (If Applicable):	\$0.00
Total Quote Amount:	\$51,721.00

***Please reference quote number on your order.

Point of Contact

Christopher DeLauter

Email: cdelauter@execinfosys.com

Phone: (301) 581-1085

Fax: (301) 581-2573

Toll Free: 877-EXECINFO

Ordering Address

Executive Information Systems, LLC

Attn: Sales

6901 Rockledge Drive, Suite 600

P.O. Box 34076

Bethesda, MD 20827-0076

Remittance Address

Executive Information Systems, LLC

Attn: Sales

6901 Rockledge Drive, Suite 600

P.O. Box 34076

Bethesda, MD 20827-0076

Open Market OPEN MKT Expiration:

Business Size: Small Business

Type of Business: Corporation (Limited Liability Company)

Payment Terms: Net 30 Days

Federal Tax Id #: 52-2198860

Dun & Bradstreet #: 938289527

SIC Code: 5045 Software Resale, 7372 Software Services

CAGE Code: 1NM64

FOB Point: Destination

Delivery: 1 - 30 days after receipt of order

Discounts: Prices are net. All discounts have been deducted.

The terms and conditions of Executive Information Systems, LLC's GSA Schedule will apply to any Open Market purchase of SAS Institute, Inc. products, services or support/maintenance.