

MAR 09 2007

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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. Attach all documents, renewals, and/or original contract.
5. Attach all other documents.

DEPARTMENT OF ADMINISTRATION
CONTRACTS DIVISION
6/14
JFS
 1. EDS Number: A70-5-7255
 2. Date prepared: 1/25/2007
3. CONTRACTS & LEASES

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

FISCAL INFORMATION

4. Account Number: Multiple	5. Account Name: Multiple-Refer to Online
6. Total amount this action: \$10,000.00	7. New contract total: \$30,000.00
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year 2005	\$7,500.00
Year 2006	\$10,000.00
Year 2007	\$5,000.00
Year 2008	\$7,500.00

TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year): 3/30/2005	12. To (month, day, year): 3/29/2008
13. Method of source selection: <input checked="" type="checkbox"/> Negotiated	
<input type="checkbox"/> Bid/Quotation <input type="checkbox"/> Emergency <input type="checkbox"/> Special Procurement	
<input type="checkbox"/> RFP# <input type="checkbox"/> Other (specify)	

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

AGENCY CONTACT INFORMATION	
17. Name: Laura Heinrich	18. Telephone #: 317/233-7449
19. E-mail address: ltheinri@isdh.in.gov	

COURIER INFORMATION	
20. Name: Steve Martin	21. Telephone #: 317-233-7573
22. E-mail address: smartin@isdh.in.gov	

VENDOR INFORMATION	
23. Vendor ID # 0000058437	
24. Name: ELKHART COUNTY	25. Telephone #: 574-523-2119
26. Address: ELKHART COUNTY AUDITOR ELKHART COUNTY OFFICE BLDG 117 N 2ND ST GOSHEN, IN 46526	

27. E-mail address: bwelty@elkhartcountyhealth.org	
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	
29. Primary Vendor: M/WBE Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30. If yes, list the %: Minority: _____ % Women: _____ %
31. Sub Vendor: M/WBE Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32. If yes, list the %: Minority: _____ % Women: _____ %
33. Is there Renewal Language in the document? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Is there a "Termination for Convenience" clause in the document? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

36. Statutory Authority (Cite applicable Indiana or Federal Codes):

 37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.)
 The monies are available through a Centers for Disease Control and Prevention (CDC) Cooperative Agreement to expand Diabetes Prevention and Control Resources. Funds will be used to increase diabetes awareness and to build a community consensus through population-based activities.

 38. Justification of vendor selection and determination of price reasonableness:
 The Elkhart County Health Department was chosen because the data shows diabetes is more prevalent than in other counties. The county indicated a need for increasing diabetes awareness.

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 M. Compton	43. Date Approved 4/26/07
44. Attorney General's Office approval JFS	45. Date Approved 4-30-07	46. Agency representative receiving from AG	47. Date Approved

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OAG-ADVISORY



17449-002

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Amendment No. 2
EDS Number A70-5-7255

This is an Amendment to the existing Diabetes Grant Agreement entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **Elkhart County Health Department** (hereinafter referred to as the "Grantee") for the period from March 30, 2005 through March 29, 2007, in the amount of \$20,000.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

The amount of the Grant Agreement is being increased by \$10,000 making the new total of the Grant Agreement \$30,000. The additional funds will allow the Grantee to continue providing services. The expiration date of this Grant Agreement is being extended to March 29, 2008.

Paragraph 18A – **Additional Payment Terms** is being amended to read:

The State disburses Grant funds on a cost reimbursement basis. Actual expenditures of authorized costs will be reimbursed monthly by the State upon receipt of duly executed Invoices from the Grantee. Invoices shall be due by the 20th day after the end of each month. Payments shall not exceed \$10,000 for the period March 30, 2005 through March 29, 2006, \$10,000 for the period March 30, 2006 through March 29, 2007, and \$10,000 for the period March 30, 2007 through March 29, 2008. Total remuneration under this Grant Agreement shall not exceed \$30,000.

Paragraph 23C **Cultural Competency** is amended to read:

The State's cultural competency training is free. The State will reimburse travel and incidental expenses up to the maximum allowed by state rules or up to the maximum allowed by the Grant Agreement, whichever is **less**. The Grantee or subgrantee will pay any travel and incidental expenses over the maximum reimbursable amount. When the Grantee receives a Cultural Competency Assessment form, it must complete the form and return it to the Cultural Diversity Enrichment (CDE) Division within thirty (30) days of receipt.

Funding Summary

3610-147100	3/30/2005 thru 3/29/2006	\$10,000
3610-147100	3/30/2006 thru 3/29/2007	10,000
3610-147100	3/30/2007 thru 3/29/2008	<u>10,000</u>
Total		\$30,000

All other matters previously agreed to and set forth in the original Grant Agreement and not affected by this Amendment shall remain in full force and effect.

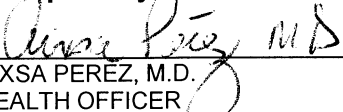
Non-Collusion and Acceptance

The undersigned attests, subject to the penalties of perjury, that he/she is the Grantee, or that he/she is the properly authorized representative, agent, member or officer of the Grantee, that he/she has not, nor has any other member, employee, representative, agent or officer of the Grantee, 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 Grant Agreement other than that which appears upon the face hereof.

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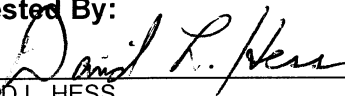
In Witness Whereof, the Grantee and the State of Indiana have, through duly authorized representatives, entered into this Grant Agreement Amendment. The parties having read and understanding the foregoing terms of the Grant Agreement Amendment do by their respective signatures dated below agree to the terms thereof.

Accepted By:


AIXSA PEREZ, M.D.
HEALTH OFFICER
ELKHART COUNTY HEALTH DEPARTMENT


DATE: 2-26-07

Attested By:


DAVID L. HESS
AUDITOR
ELKHART COUNTY

DATE: 3-2-07

Certification of Funds:


LINDA L. BROWN
DIRECTOR
DIVISION OF FINANCE
OPERATIONAL SERVICES COMMISSION
INDIANA STATE DEPARTMENT OF HEALTH


DATE: 3/9/07

Recommended and Approved By:


LANCE RHODES
CHIEF FINANCIAL OFFICER
OPERATIONAL SERVICES
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 3/5/07

Approved:


CARRIE HENDERSON
COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

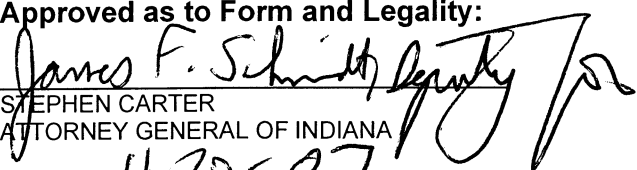
DATE: 3-12-07

Approved:


CHARLES E. SCHALLIOL
STATE BUDGET DIRECTOR
STATE OF INDIANA

DATE: 4/27/07

Approved as to Form and Legality:


STEPHEN CARTER
ATTORNEY GENERAL OF INDIANA

DATE: 4-30-07