



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.

1. EDS Number: A70-4-6310		2. Date prepared: 9/15/2006	
3. CONTRACTS & LEASES			
<input type="checkbox"/> Professional/Personal Services <input checked="" type="checkbox"/> Grant <input type="checkbox"/> Lease <input type="checkbox"/> Attorney <input type="checkbox"/> MOU <input type="checkbox"/> QPA		<input type="checkbox"/> Contract for procured Services <input type="checkbox"/> Maintenance <input type="checkbox"/> License Agreement <input checked="" type="checkbox"/> Amendment# <u>2</u> <input type="checkbox"/> Renewal # <input type="checkbox"/> Other	
FISCAL INFORMATION			
4. Account Number: 3610-14710.		5. Account Name: STATE-BASED DIABETES GR	
6. Total amount this action: \$30,000.00		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 <u>2004</u> <u>\$7,500.00</u> Year <u>2005</u> <u>\$10,000.00</u> Year <u>2006</u> <u>\$10,000.00</u> Year <u>2007</u> <u>\$2,500.00</u>			
TIME PERIOD COVERED IN THIS EDS			
11. From (month, day, year): 3/30/2004		12. To (month, day, year): 3/29/2007	
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)			
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 #: 233-7449	
19. E-mail address: ltheinri@isdh.in.gov			
COURIER INFORMATION			
20. Name: Steve Martin		21. Telephone #: 233-7573	
22. E-mail address: smartin@isdh.state.in.us			
VENDOR INFORMATION			
23. Vendor ID # 0000053841			
24. Name: ST JOSEPH COUNTY		25. Telephone #: 574-245-6756	
26. Address: ST JOSEPH COUNTY HEALTHDEPT 227 W JEFFERSON SOUTH BEND, IN 46601			
27. E-mail address: mdolph@co.st-joseph.in.us			
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: <input type="checkbox"/> % Women: <input type="checkbox"/> %	
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: <input type="checkbox"/> % Women: <input type="checkbox"/> %	
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)? <input checked="" type="checkbox"/> 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 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 St Joseph 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
44. Attorney General's Office approval		45. Date Approved	46. Agency representative receiving from AG
			47. Date Approved