

16-Jan-2015

JAN 12, 2015

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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.

7781

| | | | |
|---|--|--|--|
| 1. EDS Number: A70-4-009030 | | 2. Date prepared: 12/4/2014 | |
| 3. CONTRACTS & LEASES | | | |
| <input type="checkbox"/> Professional/Personal Services <input type="checkbox"/> Grant <input type="checkbox"/> Lease <input type="checkbox"/> Attorney <input type="checkbox"/> MOU <input type="checkbox"/> QPA | | <input checked="" type="checkbox"/> Contract for procured Services <input type="checkbox"/> Maintenance <input type="checkbox"/> License Agreement <input checked="" type="checkbox"/> Amendment# 4 <input type="checkbox"/> Renewal # <input type="checkbox"/> Other | |
| FISCAL INFORMATION | | | |
| 4. Account Number: Multiple | | 5. Account Name: Multiple-Refer to Online | |
| 6. Total amount this action: \$17,086.00 | | 7. New contract total: 129,093.00 | |
| 8. Revenue generated this action: \$0.00 | | 9. Revenue generated total contract: \$0.00 | |
| 10. New total amount for each fiscal year: | | | |
| Year 2014 \$54,000.00 | | | |
| Year 2015 \$75,093.00 | | | |
| Year \$ | | | |
| Year \$ | | | |
| TIME PERIOD COVERED IN THIS EDS | | | |
| 11. From (month, day, year): 2/1/2014 | | 12. To (month, day, year): 1/31/2015 | |
| 13. Method of source selection: | | | |
| <input checked="" type="checkbox"/> Bid/Quotation <input type="checkbox"/> Emergency <input type="checkbox"/> Negotiated <input type="checkbox"/> RFP# <input type="checkbox"/> Other (specify) <input type="checkbox"/> Special Procurement | | | |
| 14. Name of agency: Department of Health | | | |
| 15. Requisition Number: 0000027596 | | | |
| 16. Address: 2 N. Meridian Street Indianapolis, IN 46204 | | | |
| AGENCY CONTACT INFORMATION | | | |
| 17. Name: Laura Chavez/Art Logsdon | | 18. Telephone #: 317/233-9156 | |
| 19. E-mail address: lchavez@isdh.in.gov | | | |
| COURIER INFORMATION | | | |
| 20. Name: Michael Mendyk | | 21. Telephone #: 317-234-7728 | |
| 22. E-mail address: mmendyk@isdh.in.gov | | | |
| VENDOR INFORMATION | | | |
| 23. Vendor ID # 0000000746 | | | |
| 24. Name: PURDUE UNIV | | 25. Telephone #: 765-494-1070 | |
| 26. Address: 155 S GRANT ST YOUNG HALL RM 710 WEST LAFAYETTE, IN 47907-2114 | | | |
| 27. E-mail address: tpresutt@purdue.edu | | | |
| 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/IN-Veteran | | 30. Primary Vendor Percentages | |
| Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 100.0 % | |
| Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| IN-Veteran: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 31. Sub Vendor: M/WBE/IN-Veteran | | 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: _____ % | |
| IN-Veteran: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | IN-Veteran: _____ % | |
| 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): 42 USC SECTION 247B & 2808-1B | | | |
| 37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.) The contractor will work with the Latino/Migrant Farm Worker/LGBTQ populations to provide education on sexual violence primary prevention and risk and protective factors; develop community actions plans; work with six Indiana college campuses to provide coalition-building, policy guidance, etc; conduct evaluations of the strategy; provide cultural competency training and technical assistance. | | | |
| 38. Justification of vendor selection and determination of price reasonableness: MESA submitted a proposal to ISDH that demonstrated the capability to carry out the deliverables outlined in Attachment A to the standards of ISDH and the CDC in a cost-efficient manner and continues to perform above expectations. MESA is a nationally recognized leader in this field and is identified as the entity responsible for this work in Indiana's sexual violence primary prevention state plan. | | | |
| 39. If this contract is submitted late, please explain why: (Required if more than 30 days late.) | | | |
| 40. Agency fiscal officer or representative approval <i>[Signature]</i> | | | |
| 41. Date Approved 1/9/15 | | 42. Budget agency approval <i>[Signature]</i> | |
| 43. Date Approved 1/29/15 | | | |
| 44. Attorney General's Office approval <i>[Signature]</i> | | 45. Date Approved 2/4/15 | |
| 46. Agency representative receiving from AG | | 47. Date Approved | |

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OAG-ADVISORY



73595-004

Amendment No. 4
EDS Number A70-4-009030 (RP 207-2)

This is an Amendment to the existing **Sexual Violence Prevention and Education Professional Services Contract** entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **Purdue University** (hereinafter referred to as the "Contractor") for the period from **November 1, 2013 through January 31, 2015**, in the amount of \$112,007.

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

The amount of the Professional Services Contract is being increased by **\$17,086**, making the new total of the Professional/Personal Services Contract **\$129,093**. The additional funds will be used to **add funds for additional training**. Activities are described in Attachment B-2, attached hereto, which replaces Attachment B-1, made a part hereof, and incorporated herein by reference as a part of this Professional Services Contract.

Paragraph 2 – **Consideration** is amended to read:

The Contractor will be paid monthly in arrears using the rate(s) set out on Attachment B-2. Payments shall not exceed \$54,000 for the period of November 1, 2013 through October 31, 2014, and \$75,093 for the period of November 1, 2014 through January 31, 2015. Total remuneration under this Contract shall not exceed \$129,093.

Paragraph 31C is amended to read:

All accounts will be closed sixty (60) days after the end of each Contract period as specified in Paragraph 2. Any invoice submitted after sixty (60) days will not be reimbursed by the State.

Funding Summary

| | | |
|------------------------------|---------------------------|---------------|
| 61910-531010-4003610153300 | 11/01/13 through 10/31/14 | \$ 54,000 |
| 61910-531010-40093136RREP014 | 11/01/14 through 01/31/15 | <u>75,093</u> |
| Total | | \$129,093 |

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

Non-Collusion and Acceptance

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

The rest of this page has been left blank intentionally.

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

Accepted By:

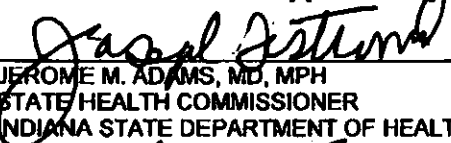


PURDUE SPONSORED PROGRAM SERVICES
PURDUE UNIVERSITY

Kyle Wargo
Contract Analyst

DATE: 1-6-15

Recommended and Approved By:


_____ (for)
JEROME M. ADAMS, MD, MPH
STATE HEALTH COMMISSIONER
INDIANA STATE DEPARTMENT OF HEALTH


DATE: 1/9/15

Approved By:


_____ (for)
PAUL BALTZELL
CHIEF INFORMATION OFFICER
INDIANA OFFICE OF TECHNOLOGY

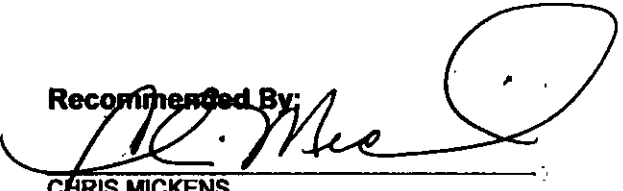
DATE: 1-16-15

Approved By:


_____ (for)
BRIAN E. BAILEY
DIRECTOR
STATE BUDGET AGENCY


DATE: 2/9/15

Recommended By:


_____ (for)
CHRIS MICKENS
CHIEF INFORMATION OFFICER
INDIANA STATE DEPARTMENT OF HEALTH

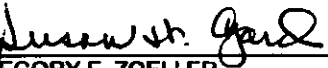
DATE: 1/9/2015

Approved By:


_____ (for)
JESSICA ROBERTSON
COMMISSIONER
INDIANA DEPARTMENT OF ADMINISTRATION

DATE: 1-25-2015

Approved as to Form and Legality:


_____ (for)
GREGORY F. ZOELLER
ATTORNEY GENERAL
OFFICE OF THE ATTORNEY GENERAL

DATE: 2/9/15

B-2

| MESA | | | |
|------------------|---------------|--------------|------------------|
| Expense | Original Cost | Increase | Amendment 4 Cost |
| Personnel | \$ 52,716.00 | | \$ 52,716.00 |
| Fring Benefits | \$ 18,120.00 | | \$ 18,120.00 |
| Consultant Costs | \$ - | \$ 11,671.00 | \$ 11,671.00 |
| Supplies | \$ 480.00 | | \$ 480.00 |
| Travel | \$ 10,760.00 | | \$ 10,760.00 |
| Other | \$ 29,931.00 | \$ 5,415.00 | \$ 35,346.00 |
| | | | |
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| | | | |
| Total | \$ 112,007.00 | \$ 17,086.00 | \$ 129,093.00 |

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