



## 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: A70-4-6330		2. Date prepared: 8/22/2006	
<b>3. CONTRACTS &amp; LEASES</b>			
<input checked="" type="checkbox"/> Professional/Personal Services		<input type="checkbox"/> Contract for procured Services	
<input 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# <u>3</u>	
<input type="checkbox"/> MOU		<input type="checkbox"/> Renewal # <u>          </u>	
<input type="checkbox"/> QPA <u>                    </u>		<input type="checkbox"/> Other <u>                    </u>	
<b>FISCAL INFORMATION</b>			
4. Account Number: 3610-13130.		5. Account Name: BREAST AND CERVICAL CAN	
6. Total amount this action: \$214,275.00		7. New contract total: \$214,275.00	
8. Revenue generated this action: \$0.00		9. Revenue generated total contract: \$0.00	
10. New total amount for each fiscal year : Year <u>2005</u> \$ <u>69,594.00</u> Year <u>2007</u> \$ <u>72,808.00</u> Year <u>2006</u> \$ <u>71,873.00</u> Year <u>          </u> \$ <u>          </u>			
<b>TIME PERIOD COVERED IN THIS EDS</b>			
11. From (month, day, year): 6/30/2004		12. To ( month, day, year ): 6/29/2007	
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# <u>          </u> <input type="checkbox"/> Other (specify) <u>          </u>			
35. Will the attached document involve data processing or telecommunications systems(s)? <input 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 Indiana Breast and Cervical Cancer Program is amending this contract to add the revised HIPPA language.			
38. Justification of vendor selection and determination of price reasonableness: Under 25 IAC 5-3-10. United Health Services of St. Joseph County can be certified as a MBE and/or WBE. This is not-for-profit contractor was chosen due to poverty level, age eligibility, morbidity and mortality in this specific region. They are able to meet contract deliverables for 10% administration fees.			
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

<b>AGENCY INFORMATION</b>	
14. Name of agency: Department of Health	15. Requisition Number:
16. Address: 2 N. Meridian Street  Indianapolis, IN 46204	
<b>AGENCY CONTACT INFORMATION</b>	
17. Name: Wayne Fischer	18. Telephone #: 317/233-7901
19. E-mail address: wfischer@isdh.in.gov	
<b>COURIER INFORMATION</b>	
20. Name: Steve Martin	21. Telephone #: 317-233-7573
22. E-mail address: smartin@isdh.in.gov	
<b>VENDOR INFORMATION</b>	
23. Vendor ID # 0000077843	
24. Name: UNITED HEALTH SERVICES OF ST JOSEPH COU	25. Telephone #: 574-234-3136
26. Address: 711 E COLFAX AVE  SOUTH BEND, IN 46617	
27. E-mail address: braine@uhs-in.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: <u>          </u> % Women: <u>          </u> %
31. Sub Vendor: M/WBE Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Women: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	32. If yes, list the %: Minority: <u>          </u> % Women: <u>97.0</u> %
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