

19952

MAR 17 2014



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.

7256

5/16

85

AGENCY INFORMATION	
14. Name of agency: Department of Health	15. Requisition Number: 0000023232
16. Address: 2 N. Meridian Street Indianapolis, IN 46204	
AGENCY CONTACT INFORMATION	
17. Name: Leigh Kelner/Art Logsdon	18. Telephone #: 317/234-8497
19. E-mail address: lkelner@isdh.in.gov	
COURIER INFORMATION	
20. Name: Jennifer Myers	21. Telephone #: 317-233-7853
22. E-mail address: jmyers@isdh.in.gov	
VENDOR INFORMATION	
23. Vendor ID # 0000000748	
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 Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IN-Veteran: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30. Primary Vendor Percentages 100.0 %
31. Sub Vendor: M/WBE/IN-Veteran Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IN-Veteran: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32. If yes, list the %: Minority: _____ % Women: _____ % 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)? <input type="checkbox"/> Yes: IOT or Delegate has signed off on contract	
36. Statutory Authority (Cite applicable Indiana or Federal Codes): 42 USC SECTION 247B & 280B-1B	
37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.) ISDH has partially funded this contract with Purdue University and Multicultural Efforts to End Sexual Assault (MESA) through January 31, 2014. This amendment encumbers additional monies to fund the FY 14 deliverables and budget contemplated in Attachment A-1 and the original Attachment A. We have partially funded in the amount of \$22,000 through January 31, 2014. We will fund an additional \$32,000 in this amendment. We expect to fully fund the project once the final installment of Federal funds is received. It will fund Purdue University and MESA to continue its work providing cultural capacity training to professionals to increase their ability to mobilize and work with underserved communities. This work was identified as a priority in the state sexual violence primary prevention plan.	
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 CD in a professional 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 on the state sexual violence primary prevention state plan.	
39. If this contract is submitted late, please explain why: (Required if more than 30 days late.) ISDH did not receive notification of award until January 31, 2014, and was not able to determine funding levels until this time.	
40. Agency fiscal officer or representative approval <i>Erin Miller</i>	41. Date Approved 3/14/14
42. Budget agency approval <i>[Signature]</i>	43. Date Approved 4/16/14
44. Attorney General's Office approval <i>Suey</i>	45. Date Approved 4-4-14
46. Agency representative receiving from AG <i>[Signature]</i>	47. Date Approved

RECEIVED

APR 03 2014

OAG-ADVISORY

73595-002

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

This is an Amendment to the existing **Rape 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 **October 31, 2014**, in the amount of **\$22,000**.

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 **\$32,000**, making the new total of the Professional/Personal Services Contract **\$54,000**. **This Amendment encumbers \$32,000 to partially fund the FY 14 deliverables and budget contemplated in Attachment A-1. The State will amend the Contract to fund the remainder of the activities when the funding award is issued in full by the Centers For Disease Control and Prevention.**

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

Kenneth W. Suter
Contract Analyst

MAR 13 2014

DATE:

Recommended and Approved By:

WILLIAM C. VANNESS II, MD
STATE HEALTH COMMISSIONER
INDIANA STATE DEPARTMENT OF HEALTH

DATE:

Approved By:

PAUL BALTZELL
CHIEF INFORMATION OFFICER
INDIANA OFFICE OF TECHNOLOGY

DATE:

Approved By:

BRIAN E. BAILEY
DIRECTOR
STATE BUDGET AGENCY

DATE:

Recommended By:

N/A
CHRIS MICKENS
CHIEF INFORMATION OFFICER
INDIANA STATE DEPARTMENT OF HEALTH

DATE:

Approved By:

JESSICA ROBERTSON
COMMISSIONER
INDIANA DEPARTMENT OF ADMINISTRATION

DATE:

Approved as to Form and Legality:

GREGORY F. ZOELLER
ATTORNEY GENERAL
OFFICE OF THE ATTORNEY GENERAL

DATE: