AGENCY INFORMATION

YEAR ITINE	DOCUMENT	CHIMMADY
·AFCUITIVE		SUMMARY

State Form 41221 (R10/4-06)

Received

Instructions for completing the EDS and the Contract process.

	_			
1. Please read the guidelin	es on the back of	EB 25 2010	16. Address: 2 N. Meridian Street	
2. Please type all informati	on.		Indianapolis, IN 46204	
Check all boxes that app	aly.	A Contracto		• (
4. For amendments / renev		Micondilliacia		• • • • • • • • • • • • • • • • • • • •
Attach additional pages	if necessary.	calle	AGENCY CONTACT	INFORMA DON
		SP1416	17. Name:	18. Telephone #:
1. EDS Number:	2. Date prepared:		Laura Mosier	317/234-3378
A70-9-009011	1/29/2010	174	19. E-mail address:	
,		. 11	Imosier@iadh.in.gov	
a, CONTRAC	DIS & LEASES		солияний при	NAMES TO SELECT
- Professional/Personal Services	Contrac	t for procured Services	COURTER INFO	JICKIDA LICTO
X Grant	Mainten		20. Name:	21. Telephone #:
— Grant			Joseph Otivadoti	317/233-7573
Leaso	<u> </u>	Agreement	22. E-mail address:	
Attomoy	^_ Amendr	nent#3	,	
MOU	Renews	il#	jolivadoti@isdh.tn.gov	<u>·</u> <u>·</u>
QPA	Other		VENDOR INFO	JRMA HON
EISCAL IN	FORMATION		23 Vendor ID# 0000004796	
				[
4. Account Number: 61910-30800.573100	5. Account Na	me: HHS Fund	24. Name:	25. Telephone #:
	7.New contra		-1	
6. Total amount this action: \$20,695.00	7. New contra	116,059.00	INDIANA UNIV	317/278-0779
) De:		26. Address: 620 UNION DR RM 618	
8. Revenue generated this action:	a.kevenue g	enerated total contract: \$0.00	INDIANAPOLIS, IN 46202	-5167
\$0.00 10.New total amount for each fiscal year		\$0.00	-{	
	ir:	•	27. E-mail address: tgood@jupui.edu	
Year 2008 \$19.483.33	-	•	27. E-man manees: Woodgraph(, add	
Year 2009 <u>\$51,271,67</u>	-		28. Is the vendor registered with the Secretary	
Year 2010 \$45,304.00		•	Corporations, must be registered)	Yes _XNo
Year g	_		29. Primary Vendor; M/WBE	30. If yes, list the %:
	=	•	Minority: Yes X No	Minority: %
			Women: Yes X No	Women: %
HME PERIOD CO	VERED IN THIS	EDS	31 Sub Vendor:M/WBE	32. If yes, list the %:
11. From (month, day, year):	12. To (month, d	lay, year):	Minority: Yes X No.	Minority
11. From (month, day, year): 9/1/2009	12. To (month, d 8/31/2010	lay, year):	Minority: Yes X No	Minority:%
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39208-004

9/19/10 70p

61910-573100-4003610140430 ASIST 200-98

Amendment No. 3 EDS Number A70-9-009011

This is an Amendment to the existing Advancing System Improvements to Support Targets for HP 2010 Grant Agreement entered into by and between the Indiana State Department of Health (hereinafter referred to as the "State") and The Trustees of Indiana University (Indianapolis Campus) (hereinafter referred to as the "Contractor") for the period from September 1, 2008 through August 31, 2010, in the amount of \$95,364.

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

The amount of the Professional/Personal Services Contract is being increased by \$20,695 making the new total of the Professional/Personal Services Contract \$116,059. The additional funds will be used to increase the Epidemiologist time working on the ASIST 2010 project by 20%. Activities are described in Attachment D, attached hereto, and made a part hereof and incorporated herein by reference as a part of this Professional/Personal Services Contract.

The following paragraph replaces the previous Professional/Personal Services Contract paragraph:

Paragraph 2 – Consideration is amended to read:

The Contractor will be paid monthly in arrears using the rate(s) set out on Attachments A, B, C, and D. Payments shall not exceed \$58,450 for the period of September 1, 2008 through August 31, 2009, and \$57,609 for the period of September 1, 2009 through August 31, 2010. Total remuneration under this Contract shall not exceed \$116,059.

Funding Summary

3610-572900-140430	09/01/08 through 08/31/09	\$ 58,450
61910-583110-4003610140430	09/01/09 through 08/31/10	<u>57,609</u>
Total	-	\$116,059

All other matters previously agreed to and set forth in the original Professional/Personal 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 of 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 Professional/Personal Services Contract other than that which appears upon the face hereof.

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

Acçepted By:	
Jammy Grod	
TAMMY GOOD GRANT SERVICES MANAGER	
THE TRUSTEES OF INDIANA UNIVERSITY (INDIANAPOLIS CAMPUS)	
DATE: 2-23-10	
Certification of Funds:	Recommended and Approved By:
Jun Eui	Michael & Butter
ALLEN L. COLLIER DIRECTOR OF FINANCE	MICHAEL R. KISTLER CHIEF FINANCIAL OFFICER
DIVISION OF FINANCE OPERATIONAL SERVICES COMMISSION	OPERATIONAL SERVICES COMMISSION INDIANA STATE DEPARTMENT OF HEALTH
INDIANA STATE DEPARTMENT OF HEALTH	7-2-50
DATE: 2 - 25 - 7 - 0	DATE: 27 1
Approved:	Approved: 4 0 0 0
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MARK W. EVERSON COMMISSIONER	CHRISTOPHER A. RUHL, DIRECTOR STATE BUDGET AGENCY
DEPARTMENT OF ADMINISTRATION STATE OF INDIANA	STATE OF INDIANA
DATE: 3.26.10	DATE: 3110
Approved as to Form and Legality:	
GREGORY P. ZOELLER	
ATTORNEY GENERAL OF INDIANA	•
2 (a a	

Attachment D

Indiana University

A70-9-009011

September 1, 2009-August 31, 2010

Personnel/Fringe		\$16,814.00
Travel		\$2,000.00
Administration	•	\$ <u>1,881.00</u>
		\$20,695,00