

MAR 13 2008

EXECUTIVE DOCUMENT PRIMARY

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 in all information.
 3. Check all boxes that apply.
 4. For amendments / renewals, attach original contract.
 5. Attach additional pages if necessary.

1. EDS Number:
A70-8-999006

2. Date prepared:
12/21/2007

3. CONTRACTS & LEASES

- ☐ Professional/Personal Services
☒ Grant
☐ Lease
☐ Attorney
☐ MOU
☐ QPA
- ☐ Contract for procured Services
☐ Maintenance
☐ License Agreement
☒ Amendment# 1
☐ Renewal #
☐ Other

FISCAL INFORMATION

4. Account Number:
3610-14300
5. Account Name:
REDUCING IMPACT OF ARTI
6. Total amount this action:
\$3,825.00
7. New contract total:
30,649.00
8. Revenue generated this action:
\$0.00
9. Revenue generated total contract:
\$0.00
10. New total amount for each fiscal year:
- | | |
|-----------|-------------|
| Year 2008 | \$30,649.00 |
| Year | \$ |
| Year | \$ |
| Year | \$ |

TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year):
6/30/2007
12. To (month, day, year):
6/29/2008
13. Method of source selection:
☒ Bid/Quotation
☐ Emergency
☐ RFP#
☒ Negotiated
☐ Special Procurement
☐ Other (specify)

35. Will the attached document involve data processing or telecommunications systems

Yes: IOT or Delegate has signed off on contract

36. Statutory Authority (Cite applicable Indiana or Federal Codes):
26002,15

37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.)

As the Area XIII Agency on Aging, Generations will initiate five new Enhance Fitness classes (evidence-based exercise program for older adults), which includes recruiting and training instructors, and purchasing licenses and equipment. They will also market and maintain three classes already established in their area.

38. Justification of vendor selection and determination of price reasonableness:

Generations was selected for this grant due to their expertise in programs for older adults, past success in establishing self management and exercise programs for people with arthritis, and their association with Vincennes University.

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

43. Date Approved

44. Attorney General's Office approval

45. Date Approved

46. Agency representative receiving from AG

47. Date Approved

AGENCY INFORMATION

14. Name of agency:
Department of Health

15. Requisition Number:

16. Address: 2 N. Meridian Street
Indianapolis, IN 46204

AGENCY CONTACT INFORMATION

17. Name:
Sue Hancock

18. Telephone #:
317/234-2561

19. E-mail address:
shancock@isdh.in.gov

COURIER INFORMATION

20. Name:
Steve Martin

21. Telephone #:
317-233-7573

22. E-mail address:
smartin@isdh.in.gov

VENDOR INFORMATION

23. Vendor ID # 0000001679

24. Name:
VINCENNES UNIVERSITY

25. Telephone #:
812-888-5880

26. Address: GENERATIONS
PO BOX 314 ST
VINCENNES, IN 47594

27. E-mail address: ajacoby@vinu.edu

28. Is the vendor registered with the Secretary of State? (Out of State Corporations must be registered)
☒ Yes ☐ No

29. Primary Vendor: M/WBE
 Minority: ☐ Yes ☒ No
 Women: ☐ Yes ☒ No

30. If yes, list the %:
 Minority: %
 Women: %

31. Sub Vendor: M/WBE
 Minority: ☐ Yes ☒ No
 Women: ☐ Yes ☒ No

32. If yes, list the %:
 Minority: %
 Women: %

33. Is there Renewal Language in
☒ Yes ☐ No

34. Is there a "Termination for Convenience" clause in the document? ☒ Yes ☐ No

RECEIVED

MAR 13 2008

OAG-ADVISORY

18883-001

CTA-17-08

3610-572100-143000
RIARC 531-1

Amendment No. 1
EDS Number A70-8-999006

This is an Amendment to the existing Reducing the Impact of Arthritis and Other Rheumatic Conditions Grant Agreement entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **Vincennes University d.b.a. Generations** (hereinafter referred to as the "Grantee") for the period from June 30, 2007 through June 29, 2008, in the amount of \$26,824.

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

The purpose of this Amendment is to replace Attachment A with Attachment A-1 attached hereto, and made a part hereof and incorporated herein by reference as part of this Contract. The amount of the Grant Agreement is being increased by \$3,825.00 making the new total of the Grant Agreement \$30,649.00.

Paragraph 8 – **Use of Funds by Grantee** is amended to read:

The additional funds will be used to add two (2) additional Enhance Fitness classes (evidence-based exercise program for older adults) to make a total of five (5), which includes recruiting and training instructors, and purchasing licenses and equipment. Grantee will also market and maintain three (3) classes already established in their area as described fully in Attachment A-1 and for no other purpose.

All other matters previously agreed to and set forth in the original Grant Agreement 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 Grantee, or that he/she is the properly authorized representative, agent, member or officer of the Grantee, that he/she has not, nor has any other member, employee, representative, agent or officer of the Grantee, 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 Grant Agreement other than that which appears upon the face hereof.

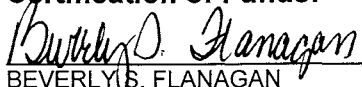
In Witness Whereof, the Grantee and the State of Indiana have, through duly authorized representatives, entered into this Grant Agreement Amendment. The parties having read and understanding the foregoing terms of the Grant Agreement Amendment do by their respective signatures dated below agree to the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

Accepted By:


ANNE JACOBY
ASSISTANT VICE PRESIDENT
VINCENNES UNIVERSITY
D.B.A. GENERATIONS

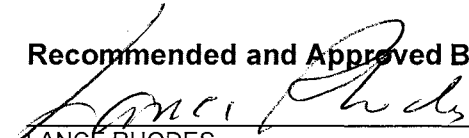
DATE: 1/31/08

Certification of Funds:


BEVERLY S. FLANAGAN
DEPUTY DIRECTOR OF BUSINESS PROCESSES
DIVISION OF FINANCE
OPERATIONAL SERVICES COMMISSION
INDIANA STATE DEPARTMENT OF HEALTH


DATE: March 13, 2008

Recommended and Approved By:


LANCE RHODES
CHIEF FINANCIAL OFFICER
OPERATIONAL SERVICES
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 3/13/08

Approved:


CARRIE HENDERSON
COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE: 3/14/08

Approved:


CHRISTOPHER A. RUHL, DIRECTOR
STATE BUDGET AGENCY
STATE OF INDIANA

DATE: 3/18/08

Approved as to Form and Legality:


STEPHEN CARTER
ATTORNEY GENERAL OF INDIANA

DATE: 4/3/08