



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: A70-4-6632		2. Date prepared: 8/22/2006	
3. CONTRACTS & LEASES			
<input type="checkbox"/> Professional/Personal Services		<input checked="" 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 type="checkbox"/> Amendment# _____	
<input type="checkbox"/> MOU		<input type="checkbox"/> Renewal # _____	
<input type="checkbox"/> QPA _____		<input type="checkbox"/> Other _____	
FISCAL INFORMATION			
4. Account Number: 3610-13130.		5. Account Name: BREAST AND CERVICAL CAN	
6. Total amount this action: \$452,900.00		7. New contract total: \$452,900.00	
8. Revenue generated this action: \$0.00		9. Revenue generated total contract: \$0.00	
10. New total amount for each fiscal year : Year 2005 \$ 150,000.00 Year 2007 \$ 152,900.00 Year 2006 \$ 150,000.00 Year _____ \$ _____			
TIME PERIOD COVERED IN THIS EDS			
11. From (month, day, year): 6/30/2004		12. To (month, day, year): 6/29/2007	
13. Method of source selection: <input type="checkbox"/> Bid/Quotation <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Negotiated <input type="checkbox"/> RFP# _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Special Procurement		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: _____ % Women: _____ %	
		31. Sub Vendor: M/WBE Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		32. If yes, list the %: Minority: _____ % Women: _____ %	
		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):			
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 extend it another year. Line items in the budget have been adjusted accordingly.			
38. Justification of vendor selection and determination of price reasonableness: Possesses knowledge in medical terminology and understanding of the Current Procedural Terminology (CPT) Code Medical Billing: Medicare, and Medicaid policies. Currently providing Tracking and Follow-up (TFU) services to over 250 clinic provider sites and the staff of the Breast and Cervical Cancer Program. In discussion with other vendors, it was determined this vendor could design and maintain this customized system for a			
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	

AGENCY INFORMATION

14. Name of agency: Department of Health	15. Requisition Number:
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16. Address: 2 N. Meridian Street Indianapolis, IN 46204

AGENCY CONTACT INFORMATION

17. Name: Wayne Fischer	18. Telephone #: 317/233-7901
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19. E-mail address: wfischer@isdh.in.gov

COURIER INFORMATION

20. Name: Steve Martin	21. Telephone #: 317-233-7573
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22. E-mail address: smartin@isdh.in.gov
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VENDOR INFORMATION

23. Vendor ID # 0000055820

24. Name: MAXTRAC DATA SYSTEMS	25. Telephone #: 651-714-0884
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26. Address: 1148 SCHOONER WAY WOODBURY, MN 55125
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27. E-mail address: mordin@maxtracdata.com
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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: _____ % Women: _____ %
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31. Sub Vendor: M/WBE Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32. If yes, list the %: Minority: _____ % Women: _____ %
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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
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