14. Name of agency:

15. Requisition Number:

0000023232

AGENCY INFORMATION



EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-06)

Instructions for completing the EDS and the Contract process.

	the EDS and the Contract process.	Department of Health	0000023232	
Please read the guidelines on the back of this form. Please type all information. Check all boxes that apply.		16. Address: 2 N. Meridian Street Indianapolis, IN 46204		
4. For amendments / rener	wals, attach original contract.			
5. Attach additional pages	if necessary.	AGENCY CONTACT IN	IFORMATION	
7256	5116	17. Name:	18. Telephone #:	
I. EDS Number:	2. Date prepared:	Leigh Kelner/Art Logsdon	317/234-8497	
A70-4-009030	2/12/2014 SB	19. E-mail address:		
	CTS & LEASES	lkelner@isdh.in.gov	ļ	
5. 90H HA		COURIER-INFO	RMATION	
— Professional/Personal Services	X Contract for procured Services			
- Grant	Maintenance	20. Name:	21. Telephone #:	
Lease	License Agreement	Jennifer Myers	317-233-7853	
— Attorney	X Amendment#2	22. E-mail address:		
MOU	Renewal #	imvers@isdh.in.gov		
QPA	Other	VENDOR INFOR	RMATION	
FISCALIA	IFORMATION	23 Vendor ID # 0000000746		
		24. Name:	25. Telephone #:	
 Account Number: 61910-94000. 	5. Account Name: ISDH DHHS Fund	PURDUE UNIV	765-494-1070	
6. Total amount this action:	7.New contract total:	26. Address:		
\$32,000.00	54,000.00	155 S GRANT ST YOUNG HALL RM 710		
8. Revenue generated this action:	9.Revenue generated total contract:	WEST LAFAYETTE, IN 4790	77-2114	
\$0.00	\$0.00	27. E-mail address: tpresutt@purdue.edu		
10.New total amount for each fiscal year	ar:	28. Is the vendor registered with the Secretary of		
Year 2014 \$54,000.00	_	Corporations, must be registered) X Yes	No	
Year \$		29. Primary Vendor: M/WBE/IN-Veteran	30. Primary Vendor Percentages	
Year \$	-	Minority; Yes X No	· · ·	
Year S	_	Women: Yes X No	100,0 %	
	-	IN-Veteran: Yes X No		
Thur richion co	OVERED IN THIS EDS	31, Sub Vendor: M/WBE/IN-Veteran	32. If yes, list the %:	
TIME PERIOD CC	VERED IN TRIS EUS	Minority: Yes X No	Minority: %	
11. From (month, day, year):	12. To (month, day, year):	Women: Yes X No	Women: %	
2/1/2014	10/31/2014	IN-Veteran: Yes X No	IN- Veteran: %	
13. Method of source selection: Y Bid/Ouotation Emerg	Negotiated	33. Is there Renewal Language in	34. Is there a "Termination for	
X Bid/Quotation Emerg	Special Procurement	the document?	Convenience" clause in the	
	Z	X Yes No	document? X Yes No	
RFP# Other	(specify)			
		Vac: IOT or Delegate has sig	med off on contract	
35. Will the attached document involve dat	na processing or telecommunications systems(s)?	Yes: IOT or Delegate has sig	gned off on contract	
	na processing or telecommunications systems(s)?	Yes: IOT or Delegate has sig	gned off on contract	
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Amendment No. 2EDS 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 DATE: Contract Analyst	MAR 1 3 2014
Recognifiended and Approved by:	Recommended By:
WILLIAM C. VANNESS II, MD STATE HEALTH COMMISSIONER INDIANA STATE DEPARTMENT OF HEALTH DATE: 3/14/14	N/A CHRIS MICKENS CHIEF INFORMATION OFFICER INDIANA STATE DEPARTMENT OF HEALTH DATE:
Approved By: PAUL BALTZELL CHIEF INFORMATION OFFICER INDIANA OFFICE OF TECHNOLOGY DATE: 2000000000000000000000000000000000000	Approved By: White a Hayre (for) JESSICA ROBERTSON COMMISSIONER INDIANA DEPARTMENT OF ADMINISTRATION DATE: 3-28-2014
Approved By: BRIAN E. BAILEY DIRECTOR STATE BUDGET AGENCY DATE: 4/2/14	Approved as to Form and Legality: Approved as to Form and Legality: GREGORY F. ZOELLER ATTORNEY GENERAL OFFICE OF THE ATTORNEY GENERAL DATE: 4-4-14