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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 that apply.

4. For amendments, attach a separate contract.

5. Attach additional pages if necessary.

DEPARTMENT OF ADMINISTRATION
CONTRACTS DIVISION

1. EDS Number: A70-5-7255		2. Date prepared: 12/28/2007	
3. CONTRACTS & LEASES			
<input type="checkbox"/> Professional/Personal Services		<input type="checkbox"/> Contract for procured Services	
<input checked="" type="checkbox"/> Grant		<input type="checkbox"/> Maintenance	
<input type="checkbox"/> Lease		<input type="checkbox"/> License Agreement	
<input type="checkbox"/> Attorney		<input checked="" type="checkbox"/> Amendment# 3	
<input type="checkbox"/> MOU		<input type="checkbox"/> Renewal #	
<input type="checkbox"/> QPA		<input type="checkbox"/> Other	
FISCAL INFORMATION			
4. Account Number: 3810-14710.		5. Account Name: STATE-BASED DIABETES GR	
6. Total amount this action: \$5,000.00		7. New contract total: 35,000.00	
8. Revenue generated this action: \$0.00		9. Revenue generated total contract: \$0.00	
10. New total amount for each fiscal year:			
Year 2005 \$7,500.00			
Year 2006 \$10,000.00			
Year 2007 \$5,000.00			
Year 2008 \$10,000.00			
Year 2009 \$2,500.00			
TIME PERIOD COVERED IN THIS EDS			
11. From (month, day, year): 3/30/2005		12. To (month, day, year): 3/29/2009	
13. Method of source selection: <input checked="" type="checkbox"/> Negotiated			
<input type="checkbox"/> Bid/Quotation <input type="checkbox"/> Emergency <input type="checkbox"/> Special Procurement			
<input type="checkbox"/> RFP# <input type="checkbox"/> Other (specify)			
35. Will the attached document involve data processing or telecommunications systems <input type="checkbox"/> Yes: IOT or Delegate has signed off on contract			
36. Statutory Authority (Cite applicable Indiana or Federal Codes): IC			
37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.) Admndment #3; The monies are available through a Centers for Disease Control and Prevention (CDC) Cooperative Agreement to expand Diabetes Prevention and Control Resources. Funds will be used to increase diabetes awareness and to build a community consensus through population-based activities.			
38. Justification of vendor selection and determination of price reasonableness: The Elkhart County Health Department was chosen because the data shows diabetes is more prevalent than in other counties. The county indicated a need for increasing diabetes awareness and education.			
39. If this contract is submitted late, please explain why: (Required if more than 30 days late.) Contract is not submitted late.			
40. Agency fiscal officer or representative approval		41. Date Approved	
44. Attorney General's Office approval		45. Date Approved	
46. Agency representative receiving from AG		47. Date Approved	
43. Date Approved		47. Date Approved	



17449-003

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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: A70-5-7255		2. Date prepared: 11/14/2007	
3. CONTRACTS & LEASES			
<input type="checkbox"/> Professional/Personal Services <input checked="" type="checkbox"/> Grant <input type="checkbox"/> Lease <input type="checkbox"/> Attorney <input type="checkbox"/> MOU <input type="checkbox"/> QPA		<input type="checkbox"/> Contract for procured Services <input type="checkbox"/> Maintenance <input type="checkbox"/> License Agreement <input checked="" type="checkbox"/> Amendment# <u>3</u> <input type="checkbox"/> Renewal # <input type="checkbox"/> Other	
FISCAL INFORMATION			
4. Account Number: 3610-14710.		5. Account Name: STATE-BASED DIABETES GR	
6. Total amount this action: \$5,000.00		7. New contract total: 35,000.00	
8. Revenue generated this action: \$0.00		9. Revenue generated total contract: \$0.00	
10. New total amount for each fiscal year:			
Year 2005 <u>\$7,500.00</u>			
Year 2006 <u>\$10,000.00</u>			
Year 2007 <u>\$5,000.00</u>			
Year 2008 <u>\$10,000.00</u>			
Year 2009 <u>\$2,500.00</u>			
TIME PERIOD COVERED IN THIS EDS			
11. From (month, day, year): 3/30/2005		12. To (month, day, year): 3/29/2009	
13. Method of source selection: <input checked="" type="checkbox"/> Negotiated <input type="checkbox"/> Bid/Quotation <input type="checkbox"/> Emergency <input type="checkbox"/> Special Procurement <input type="checkbox"/> RFP# <input type="checkbox"/> Other (specify)			
35. Will the attached document involve data processing or telecommunications systems <input type="checkbox"/> Yes: IOT or Delegate has signed off on contract			
36. Statutory Authority (Cite applicable Indiana or Federal Codes): IC			
37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.) Admedment #3; The monies are available through a Centers for Disease Control and Prevention (CDC) Cooperative Agreement to expand Diabetes Prevention and Control Resources. Funds will be used to increase diabetes awareness and to build a community consensus through population-based activities.			
38. Justification of vendor selection and determination of price reasonableness: The Elkhart County Health Department was chosen because the data shows diabetes is more prevalent than in other counties. The county indicated a need for increasing diabetes awareness and education.			
39. If this contract is submitted late, please explain why: (Required if more than 30 days late.) Contract is not submitted late.			
40. Agency fiscal officer or representative approval 		41. Date Approved 12-28-07	
44. Attorney General's Office approval 		45. Date Approved 1/10/08	
42. Budget agency approval 		43. Date Approved 1/5/08	
46. Agency representative receiving from AG		47. Date Approved	



17449-002

opt

Amendment No. 3
EDS Number A70-5-7255

This is an Amendment to the existing Diabetes Grant Agreement entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **Elkhart County Health Department** (hereinafter referred to as the "Grantee") for the period from March 30, 2005 through March 29, 2009, in the amount of \$30,000.

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

The amount of the Grant Agreement is being increased by \$5,000 making the new total of the Grant Agreement \$35,000. The additional funds will allow the Grantee to continue providing services. The expiration date of this Grant Agreement is being extended to March 29, 2009.

Paragraph 18A – **Additional Payment Terms** is being amended to read:

The State disburses Grant funds on a cost reimbursement basis. Actual expenditures of authorized costs will be reimbursed monthly by the State upon receipt of duly executed Invoices from the Grantee. Invoices shall be due by the 20th day after the end of each month. Payments shall not exceed \$10,000 for the period March 30, 2005 through March 29, 2006, \$10,000 for the period March 30, 2006 through March 29, 2007, \$10,000 for the period March 30, 2007 through March 29, 2008, and \$5,000 for the period March 30, 2008 through March 29, 2009. Total remuneration under this Grant Agreement shall not exceed \$35,000.

Paragraph 18B is amended to read:

All accounts will be closed sixty (60) days after the end of each Grant Agreement period as specified in Paragraph 18A. Any invoice submitted after sixty (60) days will not be reimbursed by the State.

Paragraph **32 Information Technology Accessibility** is amended to read:

Information Technology Accessibility Standards

Any information technology related products or services purchased, used or maintained through this Grant must be compatible with the principles and goals contained in the Electronic and Information Technology Accessibility Standards adopted by the Architectural and Transportation Barriers Compliance Board under Section 508 of the federal Rehabilitation Act of 1973 (29 U.S.C. 794d), as amended. The federal Electronic and Information Technology Accessibility Standards can be found at: <http://www.access-board.gov/508.htm>.

Paragraph 34 **Notices to Parties** – The item listed as “Payments to the Grantee shall be sent to:” is deleted.

Funding Summary

3610-147100	3/30/2005 thru 3/29/2006	\$10,000
3610-147100	3/30/2006 thru 3/29/2007	10,000
3610-147100	3/30/2007 thru 3/29/2008	10,000
3610-147100	3/30/2008 thru 3/29/2009	<u>5,000</u>
Total		\$35,000

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.

The rest of this page has been left blank intentionally.

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:

Aixa Perez MD
AIXSA PEREZ, M.D.
HEALTH OFFICER
ELKHART COUNTY HEALTH DEPARTMENT

DATE: 12-18-07

Attested By:

David L. Hess
DAVID L. HESS
AUDITOR
ELKHART COUNTY

DATE: 12-21-07

Certification of Funds:

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

DATE: December 28, 2007

Recommended and Approved By:

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

DATE: 12/28/07

Approved:

Carrie Henderson
CARRIE HENDERSON
COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE: 12-31-07

Approved:

M. Compton for
CHRISTOPHER A. RUHL, DIRECTOR
STATE BUDGET AGENCY
STATE OF INDIANA

DATE: 1/5/08

Approved as to Form and Legality:

Stephen Carter
STEPHEN CARTER
ATTORNEY GENERAL OF INDIANA

DATE: 1/10/08