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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: A70-9-7223	2. Date prepared: 9/23/2010
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3. CONTRACTS & LEASES

--- Professional/Personal Services	--- Contract for procured Services
--- Grant	--- Maintenance
--- Lease	--- License Agreement
--- Attorney	--- Amendment#
--- MOU	X Renewal # 2
--- QPA	X Other SPECIAL PR

FISCAL INFORMATION

4. Account Number: 61910-14900.546018	5. Account Name: ISDH DHHS Fund
6. Total amount this action: \$8,175.00	7. New contract total: \$31,908.50
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year 2009	\$11,875.00
Year 2010	\$11,858.50
Year 2011	\$8,175.00
Year	\$

TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year): 9/10/2008	12. To (month, day, year): 9/9/2011
13. Method of source selection:	
--- Bid/Quotation	--- Emergency
--- RFP#	--- Other (specify)
X Negotiated	
X Special Procurement	

35. Will the attached document involve data processing or telecommunications systems(s)?

Yes: IOT or Delegate has signed off on contract

36. Statutory Authority (if not applicable Indiana or Federal Codes):
N/A

37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.)
Birth Certificates, Willet and Standard Size

OCT 04 2010

38. Justification of vendor selection and determination of price reasonableness:
Sole Source Special Procurement

RECEIVED

OCT 12 2010

OAG-ADVISORY

39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)

40. Agency fiscal officer representative approval <i>Michael Keith</i>	41. Date Approved 9-27-10	42. Budget agency approval <i>[Signature]</i>	43. Date Approved 10/8/10
44. Attorney General's Office approval <i>[Signature]</i>	45. Date Approved 12 OCT 10	46. Agency representative receiving from AG	47. Date Approved



Contract Amendment # 1 /Renewal # 2

This is an Amendment/Renewal to the Contract entered into by and between (Agency) **Indiana State Dept of Health** (hereinafter referred to as "State") and (Vendor) **Standard Register Company** (hereinafter referred to as "Contractor") dated (Original Date) 9/10/08. In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree to amend the existing contract as follows:

Reduce the number of packets for wallet size birth certificates from 50 to 24 and increase the number of packs of standard birth certificates from 150 to 185. The new revised total of PO 10520860 will be \$11858.50 vs \$11,875.00, a difference of - \$16.50 Contract renewal to be for standard size birth certificates only. This is being done as we are discontinuing the use of the wallet size certificates.

The renewal will be for the regular size certificates only.

Further pursuant to the original contract renewal clause the State hereby exercises its option to renew this contract under the same terms and conditions of the original contract dated (Original Date Contract Started) 9/10/08 to include the above named amendment. The contract term shall commence on (Original Date of Contract) 9/10/08 and shall terminate on (New contract end date) 9/10/11.

Total amount of this action is (amount of action) \$8,175.00. Total remuneration of this contract is not to exceed (Amount not to exceed. This must include all renewal amounts) \$31,908.50.

All other matters previously agreed to and set forth in the original 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 for perjury, that he/she is the contracting party, or that he/she is the representative, agent, member or officer of the contracting party, that he/she has not, nor has any other member, employee, representative, agent or officer of the firm, company, corporation or partnership represented by him/her, 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 agreement other than that which appears upon the face of the agreement.

In Witness Whereof, Contractor and the State of Indiana have, through duly authorized representatives, entered into this agreement. The parties having read and understand the foregoing terms of the contract do by their respective signatures dated below hereby agree to the terms thereof.

Contractor:

Standard Register Company

Signature: Ashley Harlett
Printed Name: Ashley Harlett
Title: Account Rep
Date: 9/10/10

State of Indiana Agency:

Indiana State Dept of Health

Signature: Michael R Kistler
Printed Name: MICHAEL R. KISTLER
Title: C.F.O.
Date: 9-27-10

Indiana Office of Technology

NA
Brian Arrowood
Chief Information Officer
Date: _____

Department of Administration

Robert D. Wynkoop (for)
Robert D. Wynkoop
Commissioner
Date: 9/30/10

State Budget Agency

Adam Horst for
Adam Horst
Director
Date: 10/8/10

Office of the Attorney General

Gregory F. Zoeller
Gregory F. Zoeller
Attorney General
Date: 12 Oct 10