

12486
AUG 06 2008

EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/7/06)

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.

AUG 07 2008
IDOA Contracts

1. EDS Number: A70-5-7044
2. Date prepared: 5/14/2008

3. CONTRACTS & LEASES

— Professional/Personal Services — Contract for procured Services
☒ Grant — Maintenance
— Lease — License Agreement
— Attorney ☒ Amendment# 6
— MOU — Renewal #
— QPA — Other

FISCAL INFORMATION

4. Account Number: 3610-14161.572900
5. Account Name: Sexually Transmitted Diseases
6. Total amount this action: \$227,931.00
7. New contract total: 2,418,328.00
8. Revenue generated this action: \$0.00
9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:
Year 2005 \$435,575.00
Year 2006 \$614,583.00
Year 2007 \$731,670.00
Year 2008 \$636,500.00

TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year): 1/1/2005
12. To (month, day, year): 12/31/2008
13. Method of source selection: ☒ Negotiated
— Bid/Quotation — Emergency — Special Procurement
— RFP# — Other (specify)

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: Dawne Rekas
18. Telephone #: 317 234 2871
19. E-mail address: drekas@isdh.in.gov

COURIER INFORMATION

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

VENDOR INFORMATION

23. Vendor ID #: 0000076219
24. Name: INDIANA FAMILY HEALTH COUNCIL INC
25. Telephone #: 317 247-9151
26. Address: INC
21 BEACHWAY DR SUITE B
INDIANAPOLIS, IN 46224

27. E-mail address: ifhc_roberta@iquest.net

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 the document?
☒ Yes ☐ No

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

35. Will the attached document involve data processing or telecommunications systems(s)? Yes: IOT or Delegate has signed off on contract

36. Statutory Authority (Cite applicable Indiana or Federal Codes):
IC 5-19-1-1

37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.)
This amendment awards additional funds for expansion of STD services (screening women for chlamydia and gonorrhea)

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

The Grantee was chosen based on its position in the local community as the social service agency providing these traditional services. The CDC guidelines require that state health departments reduce STD rates by providing screening and treatment through publicly funded family planning and STD clinics. The Grant Agreement total is based on specific budgets proposed by the Grantee as well as costs projected by ISDH staff

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 8-5-08

42. Budget agency approval

43. Date Approved 8/14/08

44. Attorney General's Office approval

45. Date Approved 8-19-08

46. Agency representative receiving from AG

47. Date Approved



13164-009

SH

3610-572900-141610
STD 386-1

Amendment No. 6
EDS Number A70-5-7044

This is an Amendment to the existing Sexually Transmitted Disease Grant Agreement entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **Indiana Family Health Council Inc** (hereinafter referred to as the "Grantee") for the period from January 1, 2005 through December 31, 2008, in the amount of \$2,190,397.

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 \$227,931 making the new total of the Grant Agreement \$2,418,328. The additional funds will be used for expansion of STD services to include screening women for chlamydia and gonorrhea.

Paragraph 9 – **Compliance with Laws** is amended to read:

The Grantee and its agents shall abide by all ethical requirements that apply to persons who have a business relationship with the State as set forth in IC § 4-2-6 *et seq.*, IC § 4-2-7, *et. seq.*, the regulations promulgated there under, and Executive Order 04-08, dated April 27, 2004. If the Grantee is not familiar with these ethical requirements, the Grantee should refer any questions to the Indiana State Ethics Commission, or visit the Indiana State Ethics Commission website at <http://www.in.gov/ig/>. If the Grantee or its agents violate any applicable ethical standards, the State may, in its sole discretion, terminate this Grant immediately upon notice to the Grantee. In addition, the Grantee may be subject to penalties under IC §§ 4-2-6, 4-2-7, 35-44-1-3, and under any other applicable laws.

Paragraph 18A – **Additional Payment Terms** is 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 \$435,575 for the period of January 1, 2005 through December 31, 2005, \$614,583 for the period January 1, 2006 through December 31, 2006, \$731,670 for the period January 1, 2007 through December 31, 2007, and \$636,500 for the period January 1, 2008 through December 31, 2008. Total remuneration under this Grant Agreement shall not exceed \$2,418,328.

Paragraph 13C **Cultural Competency** is amended to read:

The State's cultural competency training is free. The State will reimburse travel and incidental expenses up to the maximum allowed by state rules or up to the maximum allowed by the Grant Agreement, whichever is **less**. The Grantee or subgrantee will pay any travel and incidental expenses over the maximum reimbursable amount. When the Grantee receives a Cultural Competency Assessment form, it must complete the form and return it to the Cultural Diversity Enrichment (CDE) Division within thirty (30) days of receipt.

Funding Summary

3610-141610	1/1/05 thru 12/31/05	\$ 435,575
3610-141610	1/1/06 thru 12/31/06	614,583
3610-141610	1/1/07 thru 12/31/07	731,670
3610-141610	1/1/08 thru 12/31/08	<u>636,500</u>
Total		\$2,418,328

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.

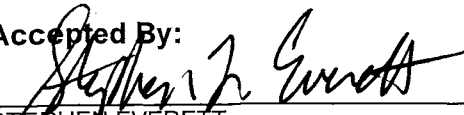
Non-Collusion and Acceptance

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:


STEPHEN EVERETT

BOARD CHAIRMAN
INDIANA FAMILY HEALTH COUNCIL INC

DATE: 6/30/08

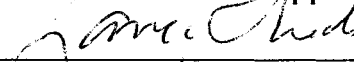
Certification of Funds:


BEVERLY S. FLANAGAN

DEPUTY DIRECTOR OF BUSINESS PROCESSES
DIVISION OF FINANCE
OPERATIONAL SERVICES COMMISSION
INDIANA STATE DEPARTMENT OF HEALTH

DATE: August 5, 2008


Recommended and Approved By:


LANCE RHODES

CHIEF FINANCIAL OFFICER
OPERATIONAL SERVICES
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 8/05/08

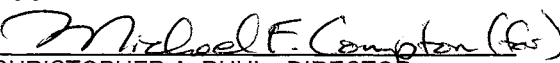
Approved:


CARRIE HENDERSON

COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE: 8/11/08

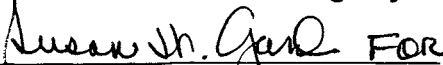
Approved:


MICHAEL F. COMPTON (for)

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

DATE: 8/14/08

Approved as to Form and Legality:

 FOR
STEPHEN CARTER

ATTORNEY GENERAL OF INDIANA

DATE: 8-19-08