

14906

FEB 25 2010



## EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-06)

Instructions for completing the EDS and the Contract process.

Received

FEB 25 2010

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.

IDOA Contracts

SN4116

1. EDS Number: A70-9-008011	2. Date prepared: 1/29/2010
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## 3. CONTRACTS &amp; 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: 81910-30800.573100	5. Account Name: ISDH DHHS Fund
6. Total amount this action: \$20,895.00	7. New contract total: 118,059.00
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year 2008	\$18,483.33
Year 2009	\$51,271.67
Year 2010	\$45,304.00
Year	\$

## TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year): 9/1/2009	12. To (month, day, year): 8/31/2010
13. Method of source selection:	
<input type="checkbox"/> Bid/Quotation	<input type="checkbox"/> Emergency
<input type="checkbox"/> RFP#	<input checked="" type="checkbox"/> Negotiated
	<input type="checkbox"/> Special Procurement
	<input type="checkbox"/> Other (specify)

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):  
IC37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.)  
Increasing the Epidemiologist time working on the ASIST 2010 project by 20%

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

All vendors selected for this project were chosen based on a track record of successful work with our Agency. The HHS grant application stipulated that an infrastructure of the project and that existing partners be given an expanded role in order to carry out the project. We have had great success working with this vendor in the past and their level of expertise is exactly what is needed for successful completion of the outlined deliverables.

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

40. Agency fiscal officer or representative approval <i>Ar</i>	41. Date Approved 2-25-10	42. Budget agency approval <i>Michael G...</i>	43. Date Approved 3/1/10
44. Attorney General's Office approval <i>PRT</i>	45. Date Approved 3/9/2010	46. Agency representative receiving from AG	47. Date Approved

39208-004

RECEIVED

MAR 03 2010

OAG-ADVISORY

10P  
2/12/10

61910-573100-4003610140430  
ASIST 200-98

**Amendment No. 3  
EDS Number A70-9-009011**

This is an Amendment to the existing Advancing System Improvements to Support Targets for HP 2010 Grant Agreement entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **The Trustees of Indiana University (Indianapolis Campus)** (hereinafter referred to as the "Contractor") for the period from September 1, 2008 through August 31, 2010, in the amount of \$95,364.

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

The amount of the Professional/Personal Services Contract is being increased by \$20,695 making the new total of the Professional/Personal Services Contract \$116,059. The additional funds will be used to increase the Epidemiologist time working on the ASIST 2010 project by 20%. Activities are described in Attachment D, attached hereto, and made a part hereof and incorporated herein by reference as a part of this Professional/Personal Services Contract.

The following paragraph replaces the previous Professional/Personal Services Contract paragraph:

**Paragraph 2 – Consideration** is amended to read:

The Contractor will be paid monthly in arrears using the rate(s) set out on Attachments A, B, C, and D. Payments shall not exceed \$58,450 for the period of September 1, 2008 through August 31, 2009, and \$57,609 for the period of September 1, 2009 through August 31, 2010. Total remuneration under this Contract shall not exceed \$116,059.

**Funding Summary**

3610-572900-140430	09/01/08 through 08/31/09	\$ 58,450
61910-583110-4003610140430	09/01/09 through 08/31/10	<u>57,609</u>
Total		\$116,059

All other matters previously agreed to and set forth in the original Professional/Personal 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 of 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 Professional/Personal Services Contract other than that which appears upon the face hereof.

In Witness Whereof, the Grantee and the State of Indiana have, through duly authorized representatives, entered into this Professional/Personal Services Contract Amendment. The parties having read and understanding the foregoing terms of the Professional/Personal Services Contract Amendment do by their respective signatures dated below agree to the terms thereof.

**Accepted By:**

Tammy Good  
TAMMY GOOD  
GRANT SERVICES MANAGER  
THE TRUSTEES OF INDIANA UNIVERSITY  
(INDIANAPOLIS CAMPUS)

DATE: 2-23-10

**Certification of Funds:**

Allen L. Collier  
ALLEN L. COLLIER  
DIRECTOR OF FINANCE  
DIVISION OF FINANCE  
OPERATIONAL SERVICES COMMISSION  
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 2-25-10

**Recommended and Approved By:**

Michael R. Kistler  
MICHAEL R. KISTLER  
CHIEF FINANCIAL OFFICER  
OPERATIONAL SERVICES COMMISSION  
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 2-25-10

**Approved:**

Mark W. Everson  
MARK W. EVERSON  
COMMISSIONER  
DEPARTMENT OF ADMINISTRATION  
STATE OF INDIANA

DATE: 2-26-10

**Approved:**

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

DATE: 3/1/10

**Approved as to Form and Legality:**

Gregory P. Zoeller  
GREGORY P. ZOELLER  
ATTORNEY GENERAL OF INDIANA

DATE: 3 | 9 | 2010

**Attachment D**

**Indiana University**

**A70-9-009011**

**September 1, 2009-August 31, 2010**

<b>Personnel/Fringe</b>	<b>\$16,814.00</b>
<b>Travel</b>	<b>\$2,000.00</b>
<b>Administration</b>	<b><u>\$1,881.00</u></b>
	<b>\$20,695.00</b>