



## EXECUTIVE DOCUMENT SUMMARY

State Form 41224 (R40/406)

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.

DEPARTMENT OF ADMINISTRATION  
CONTRACTS DIVISION

1. EDS Number: A70-5-7259	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# 3 <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 \$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 type="checkbox"/> Bid/Quotation <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Negotiated <input type="checkbox"/> RFP# <input type="checkbox"/> Other (specify)	
35. Will the attached document involve data processing or telecommunications systems 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.) 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 Vanderburgh 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.	
39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)	
40. Agency fiscal officer or representative approval [Signature]	41. Date Approved 1-18-08
44. Attorney General's Office approval [Signature]	45. Date Approved 2-12-08
42. Budget agency approval [Signature]	43. Date Approved 1/29/08
46. Agency representative receiving from AG	47. Date Approved

12007

JAN 22 2008

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: LAURA HEINRICH	18. Telephone #: 317/233-7575
19. E-mail address: lheinri@isdh.in.gov	
COURIER INFORMATION	
20. Name: Steve Martin	21. Telephone #: (317)233-7573
22. E-mail address: smartin@isdh.in.gov	
VENDOR INFORMATION	
23. Vendor ID # 0000076188	
24. Name: VANDERBURGH CTY TREASURER	25. Telephone #: (812)435-5766
26. Address: C/O AUDITOR 1 NW MLK JR BLVD RM 210 EVANSVILLE, IN 47708	
27. E-mail address: dsimpson@vanderburghgov.org	
28. Is the vendor registered with the Secretary of State? (Out of State Corporations must be registered) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. Primary Vendor: M/WBE Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30. If yes, list the %: Minority: % Women: %
31. Sub Vendor: M/WBE Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32. If yes, list the %: Minority: % Women: %
33. Is there Renewal Language in <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Is there a "Termination for Convenience" clause in the document? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
35. Will the attached document involve data processing or telecommunications systems Yes: IOT or Delegate has signed off on contract	
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OAG-ADVISORY

17436-003

*opt*

**Amendment No. 3**  
**EDS Number A70-5-7259**

This is an Amendment to the existing Diabetes Grant Grant Agreement entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **Vanderburgh County Health Department** (hereinafter referred to as the "Grantee") for the period from March 30, 2005 through March 29, 2008, 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 be used to continue increasing diabetes awareness and to build a community consensus through population based activities. The expiration date of this Grant Agreement is being extended to March 29, 2009.

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 20<sup>th</sup> 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 from March 30, 2006 through March 29, 2007, \$10,000 from March 30, 2007 through March 29, 2008, and \$5,000 from 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>.

**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:**

Ray Nicholson MD  
RAYMOND W. NICHOLSON, JR., M.D.  
HEALTH OFFICER  
VANDERBURGH COUNTY HEALTH DEPARTMENT

DATE: 12-13-2007

**Attested By:**

Bill Fluty  
BILL FLUTY  
AUDITOR  
VANDERBURGH COUNTY

DATE: 12-18-2007

**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: January 18, 2008

**Approved:**

Carrie Henderson  
CARRIE HENDERSON  
COMMISSIONER  
DEPARTMENT OF ADMINISTRATION  
STATE OF INDIANA

DATE: 1-23-08

**Approved as to Form and Legality:**

Stephen Carter  
STEPHEN CARTER  
ATTORNEY GENERAL OF INDIANA

DATE: 2-12-08

**Accepted By:**

Bill Nix  
BILL NIX  
PRESIDENT  
VANDERBURGH COUNTY COMMISSIONERS

DATE: 12-18-2007

**Recommended and Approved By:**

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

DATE: 1/17/08

**Approved:**

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

DATE: 1/22/08