



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: A70-4-5761		2. Date prepared: 8/22/2006	
3. CONTRACTS & LEASES			
<input checked="" type="checkbox"/> Professional/Personal Services <input 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: 3610-14300.		5. Account Name: REDUCING IMPACT OF ARTH-	
6. Total amount this action: \$332,765.00		7. New contract total: \$333,035.00	
8. Revenue generated this action: \$0.00		9. Revenue generated total contract: \$0.00	
10. New total amount for each fiscal year: Year <u>2003</u> \$ <u>84,322.00</u> Year <u>2005</u> \$ <u>84,639.00</u> Year <u>2004</u> \$ <u>87,360.00</u> Year <u>2006</u> \$ <u>76,714.00</u>			
TIME PERIOD COVERED IN THIS EDS			
11. From (month, day, year): 6/30/2006		12. To (month, day, year): 6/29/2007	
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) <input type="checkbox"/> Special Procurement			
14. Name of agency: Department of Health		15. Requisition Number:	
16. Address: 2 N. Meridian Street Indianapolis, IN 46204			
AGENCY CONTACT INFORMATION			
17. Name: Sue Percifield		18. Telephone #: 317/233-7816	
19. E-mail address: spercifi@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 # 0000004796			
24. Name: INDIANA UNIVERSITY		25. Telephone #: 317-274-8285	
26. Address: ACCCOUNTING REC & SVC ROOM 443 620 UNION DR INDIANAPOLIS, IN 46202			
27. E-mail address: msmaraj@iupui.edu			
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: <input type="checkbox"/> % Women: <input type="checkbox"/> %	
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: <input type="checkbox"/> % Women: <input type="checkbox"/> %	
33. Is there Renewal Language in the document? <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(s)? <input type="checkbox"/> Yes: IOT or Delegate has signed off on contract			
36. Statutory Authority (Cite applicable Indiana or Federal Codes):			
37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.) IUSOM's Dept of Public health will continue to implement the Indiana Arthritis Initiative by providing staff to coordinate partnerships, convene meetings, interpret data, conduct interventions, and evaluate outcomes through June 2007. Work plan and budget are approved by CDC through cooperative agreement. See copy of e-mail attached to this EDS regarding name change.			
38. Justification of vendor selection and determination of price reasonableness: The Dept. of Public Health is the most qualified candidate because of established infrastructure, statewide focus and expertise in medical research and epidemiology. ISDH retains responsibility for project direction, performance monitoring and justifying outcomes to CDC. Salaries are based on fair market value.			
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	
42. Budget agency approval		43. Date Approved	
44. Attorney General's Office approval		45. Date Approved	
46. Agency representative receiving from AG		47. Date Approved	