



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: A70-7-7929		2. Date prepared: 8/24/2006	
3. CONTRACTS & LEASES			
<input type="checkbox"/> Professional/Personal Services		<input type="checkbox"/> Contract for procured Services	
<input type="checkbox"/> Grant		<input type="checkbox"/> Maintenance	
<input checked="" type="checkbox"/> Lease		<input type="checkbox"/> License Agreement	
<input type="checkbox"/> Attorney		<input type="checkbox"/> Amendment# _____	
<input type="checkbox"/> MOU		<input type="checkbox"/> Renewal # _____	
<input type="checkbox"/> QPA _____		<input type="checkbox"/> Other _____	
FISCAL INFORMATION			
4. Account Number: 3610-10320.		5. Account Name: BIOTERRORISM PREPARE &	
6. Total amount this action: \$11,550.00		7. New contract total: \$11,550.00	
8. Revenue generated this action: \$0.00		9. Revenue generated total contract: \$0.00	
10. New total amount for each fiscal year : Year 2007 \$ 5,047.19 Year 2009 \$ 727.81 Year 2008 \$ 5,775.00 Year _____ \$ _____			
TIME PERIOD COVERED IN THIS EDS			
11. From (month, day, year): 8/16/2006		12. To (month, day, year): 8/15/2008	
13. Method of source selection: <input checked="" type="checkbox"/> Negotiated <input type="checkbox"/> Bid/Quotation <input type="checkbox"/> Emergency <input type="checkbox"/> Special Procurement <input type="checkbox"/> RFP# _____ <input type="checkbox"/> Other (specify) _____			
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.) Lease for 500 sq ft lease of office space located at 20 north 3rd Street, Lafayette, In 47901 in Tippecanoe County. \$11.55/sq ft for two \$481.25 per month, and \$5775 annually, with 3 parking spaces.			
38. Justification of vendor selection and determination of price reasonableness: The square footage cost is commercially reasonable for the geographic area. Office operation currently at the location. Cost to relocate was not to the benefit of the leasing agency. Cost was negotiated. Downtown category is central business district.			
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
44. Attorney General's Office approval		45. Date Approved	46. Agency representative receiving from AG
			47. Date Approved

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: Bill White	18. Telephone #: 233-7777
19. E-mail address: bwhite@isdh.state.in.us	
COURIER INFORMATION	
20. Name: IDOA Sandra	21. Telephone #: 2-3153
22. E-mail address: smartin@isdh.state.in.us	
VENDOR INFORMATION	
23. Vendor ID # 0000064853	
24. Name: TIPPECANOE COUNTY GOVERNMENT	25. Telephone #: 765-423-9221
26. Address: TIPPECANOE COUNTY TREASURER 20 N 3RD ST LAFAYETTE, IN 47901	
27. E-mail address: rcripe@county.tippecanoe.in.us	
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 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