

**EXECUTIVE DOCUMENT SUMMARY**

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.

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JAN 31 2019

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IDOA CONTRACTS

1. EDS Number: F1-9-DCS-UNION2		2. Date prepared: 01/28/2019																					
3. CONTRACTS & LEASES																							
<input type="checkbox"/> Professional/Personal Services <input type="checkbox"/> Grant <input checked="" 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 type="checkbox"/> Amendment # _____ <input type="checkbox"/> Renewal # _____ <input type="checkbox"/> Other _____																					
FISCAL INFORMATION																							
4. Account Number: 62300-75307-590110		5. Account Name: DCS DHHS Fund																					
6. Total amount this action: \$ 156,600.00		7. New contract total: \$ 156,600.00																					
8. Revenue generated this action:		9. Revenue generated total contract:																					
10. New total amount for each fiscal year: <table border="0"> <tr> <td>Year 2019</td><td>\$ 10,875.00</td> <td>Year 2024</td><td>\$ 26,100.00</td> </tr> <tr> <td>Year 2020</td><td>\$ 26,100.00</td> <td>Year 2025</td><td>\$ 15,225.00</td> </tr> <tr> <td>Year 2021</td><td>\$ 26,100.00</td> <td>Year</td><td>\$</td> </tr> <tr> <td>Year 2022</td><td>\$ 26,100.00</td> <td>Year</td><td>\$</td> </tr> <tr> <td>Year 2023</td><td>\$ 26,100.00</td> <td>Year</td><td>\$</td> </tr> </table>				Year 2019	\$ 10,875.00	Year 2024	\$ 26,100.00	Year 2020	\$ 26,100.00	Year 2025	\$ 15,225.00	Year 2021	\$ 26,100.00	Year	\$	Year 2022	\$ 26,100.00	Year	\$	Year 2023	\$ 26,100.00	Year	\$
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Year 2022	\$ 26,100.00	Year	\$																				
Year 2023	\$ 26,100.00	Year	\$																				
TIME PERIOD COVERED IN THIS EDS																							
11. From (month, day, year): 02/01/2019		12. To (month, day, year): 01/31/2025																					
13. Method of source selection: <input type="checkbox"/> Bid/Quotation <input type="checkbox"/> RFP # _____ <input type="checkbox"/> Emergency <input type="checkbox"/> Other (specify) _____		<input checked="" type="checkbox"/> Negotiated <input type="checkbox"/> Special Procurement																					
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): I.C. 31-24-4																							
37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.) N Six (6) year lease of 1,800 square feet of office space at \$14.50/SF located at 303 N Main St, Liberty IN 47353 County of Union for DCS local office administration.																							
38. Justification of vendor selection and determination of price reasonableness: Most cost effective meeting agency requirements.																							
39. If this contract is submitted late, please explain why: (Required if more than 30 days late) N/A																							
40. Agency fiscal officer or representative approval <i>Marcia Thompson</i>		41. Date Approved 1-29-19																					
44. Attorney General's Office approval <i>Swg</i>		45. Date Approved 2/1/19																					
42. Budget agency approval <i>John H. A.</i>		43. Date Approved 2-04-2019																					
46. Agency representative receiving from AG		47. Date Approved																					

AGENCY INFORMATION14. Name of agency:
Child Services

15. Requisition Number:

16. Address:

DCS - Administration
302 W Washington St RM E 306
Indianapolis IN 46204**AGENCY CONTACT INFORMATION**

17. Name:

Donna Roberts

18. Telephone #:

317-234-9658

19. E-mail address: **Donna.Roberts@dcs.in.gov****COURIER INFORMATION**

20. Name:

Please return to IDOA after scanning

21. Telephone #:

317-234-4724

22. E-mail address: **Sharless@idoa.in.gov****VENDOR INFORMATION**23. Vendor ID Number: **00000219283**24. Name: **Ksee Investments**25. Telephone #:
(765) 458-030026. Address: **PO Box 32
Liberty IN 47353**27. E-mail address: **edatdse@aol.com**28. Is the vendor registered with the Secretary of State? (Out of State Corporations, must be registered) ☒ Yes ☐ No29. Primary Vendor: M/WBE/IN-Veteran
Minority: ☐ Yes ☒ No
Women: ☐ Yes ☒ No
IN-Veteran: ☐ Yes ☒ No30. Primary Vendor Percentages:
_____%31. Sub Vendor: M/WBE/IN-Veteran
Minority: ☐ Yes ☒ No
Women: ☐ Yes ☒ No
IN-Veteran: ☐ Yes ☒ No32. If yes, list the %:
Minority: _____%
Women: _____%
IN-Veteran: _____%33. Is there Renewal Language in the document?
☒ Yes ☐ No34. Is there a "Termination for Convenience" clause in the document? ☒ Yes ☐ No**RECEIVED**

FEB 04 2019

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ACCOUNTING**OAG-ADVISORY**