



# 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.

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181-27  
DS

1. EDS Number: A70-5-134	2. Date prepared: 9/22/2006
<b>3. CONTRACTS &amp; LEASES</b>	
<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 checked="" type="checkbox"/> Maintenance <input type="checkbox"/> License Agreement <input checked="" type="checkbox"/> Amendment# 2 <input checked="" type="checkbox"/> Renewal # 1 <input type="checkbox"/> Other
<b>FISCAL INFORMATION</b>	
4. Account Number: 3610-10320.532400	5. Account Name: BIOTERRORISM PREPARE &
6. Total amount this action: \$18,000 <del>\$78,000.00</del>	7. New contract total: \$78,000.00
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year: Year 2005 \$30,000.00 Year 2006 \$30,000.00 Year 2007 \$18,000.00 Year \$	
<b>TIME PERIOD COVERED IN THIS EDS</b>	
11. From (month, day, year): 10/26/2004	12. To (month, day, year): 10/26/2006
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	
35. Will the attached document involve data processing or telecommunications systems(s)? <input checked="" 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.) This is a contract amendment to add real-time interface ISDH Indiana Health Alert Network and Contractor's messaging system to local Health department entities which will provide abilities to initiate and monitor events real time via Internet.	
38. Justification of vendor selection and determination of price reasonableness: Vendor meets the functioning needs for IVR and disaster recovery.	
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
44. Attorney General's Office approval D88	45. Date Approved 11-2-06

<b>AGENCY INFORMATION</b>	
14. Name of agency: Department of Health	15. Requisition Number: 0000004134
16. Address: 2 N. Meridian Street Indianapolis, IN 46204	
<b>AGENCY CONTACT INFORMATION</b>	
17. Name: Carolyn Awishes	18. Telephone #: Unknown
19. E-mail address: cawishes@isdh.in.gov	
<b>COURIER INFORMATION</b>	
20. Name: Mark Hempel	21. Telephone #: 317-232-2498
22. E-mail address: mhempel@idoa.in.gov	
<b>VENDOR INFORMATION</b>	
23. Vendor ID # 0000001766	
24. Name: STERICYCLE INC	25. Telephone #: 317-860-1128
26. Address: PO BOX 660168 INDIANAPOLIS, IN 46266	
27. E-mail address: Unknown	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.)	
38. Justification of vendor selection and determination of price reasonableness:	
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
44. Attorney General's Office approval	45. Date Approved
46. Agency representative receiving from AG	47. Date Approved

**Amendment # 2**

This is an Amendment to the existing maintenance agreement for the off-site emergency voice and fax broadcast interactive voice response and call center services entered into by and between Indiana State Dept of Health ,(hereinafter referred to as "State") and NNC Group LLC (hereinafter referred to as "Contractor") dated 10/26/04. In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree to amend the existing contract as follows:

*Company name has changed from: NNC Group, 2670 Executive Drive, PO Box 660168,  
Indianapolis, IN 46266 (Fed ID # [REDACTED] 5295)*

*to: Stericycle Pharmaceutical Services, 2670 Executive Drive, PO  
Box 660168, Indianapolis, IN 46266 (Fed ID # [REDACTED] 40402)*

*The amount of this contract is being increased by \$18,000.. The additional funds will be used to add a real-time interface between the ISDH Indiana Health Alert Network( IHAN) and SDR/NNC's messaging system to our Local Health Departments. The interface will provide the ISDH the ability to initiate and monitor events from its IHAN System in a real-time fashion using a single Web application. Statement of work is attached.*

Total amount of this action is \$18,000.00. Total remuneration of this contract is not to exceed \$78,000.00.

All other matters previously agreed to and set forth in the original agreement and not affected by this Amendment shall remain in full force and effect.

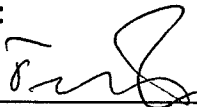
**Non-Collusion and Acceptance**

The undersigned attests, subject to the penalties for perjury, that he/she is the contracting party, or that he/she is the representative, agent, member or officer of the contracting party, that he/she has not, nor has any other member, employee, representative, agent or officer of the firm, company, corporation or partnership represented by him/her, 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 agreement other than that which appears upon the face of the agreement.

**In Witness Whereof**, Contractor and the State of Indiana have, through duly authorized representatives, entered into this agreement. The parties having read and understand the foregoing terms of the contract do by their respective signatures dated below hereby agree to the terms thereof.

**Contractor:**

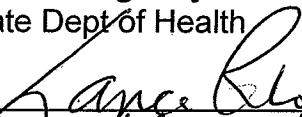
(Where Applicable)

Signature:   
Printed Name: Fritz Breisch  
Title: VP of Finance  
Date: 7-31-06

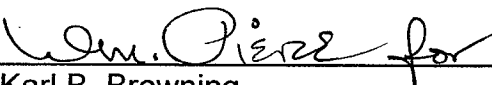
Attested By: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**State of Indiana Agency:**

Indiana State Dept of Health

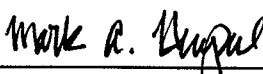
Signature:   
Printed Name: LANCE RIOS  
Title: CFO - ISDH  
Date: 9/11/06

**Indiana Office of Technology**

  
Karl B. Browning  
Chief Information Officer

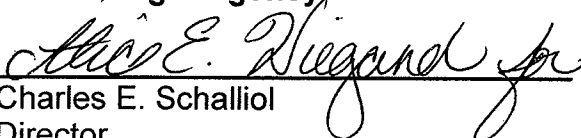
Date: 5-Oct-2006

**Department of Administration**

 FOR  
Carrie Henderson  
Commissioner

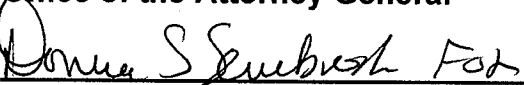
Date: 10/6/2006

**State Budget Agency**

  
Charles E. Schalliol  
Director

Date: 10/11/2006

**Office of the Attorney General**

 FOR  
Stephen Carter  
Attorney General

Date: 11-2-06