

13781

AUG 12 2009



## 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.

Received

AUG 12 2009

DOA Contracts

9/28

KM

1. EDS Number: A70-9-009011		2. Date prepared: 6/1/2009	
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# <u>2</u> <input type="checkbox"/> Renewal # <input type="checkbox"/> Other	
FISCAL INFORMATION			
4. Account Number: 3610-14043.572900		5. Account Name: ASIST Program	
6. Total amount this action: \$36,914.00		7. New contract total: 95,364.00	
8. Revenue generated this action: \$0.00		9. Revenue generated total contract: \$0.00	
10. New total amount for each fiscal year:			
Year 2008		\$19,483.33	
Year 2009		\$51,271.67	
Year 2010		\$24,609.00	
Year		\$	
TIME PERIOD COVERED IN THIS EDS			
11. From (month, day, year): 9/1/2009		12. To (month, day, year): 8/31/2010	
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)? 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 vendor will use these funds to support a part-time project epidemiologist and the associated expenses of this staff person. Specific tasks will include establishing an intake process and an electronic system to collect data, training project staff on how to utilize these tracking tools, and providing data to the project director and HHS on a quarterly basis. No Change in services. The Epidemiologist will also hire a part-time Research Assistant to be responsible for accurate entry of all project related data and assist with the development of all reports for the ASIST 2010 project.			
38. Justification of vendor selection and determination of price reasonableness: All vendors selected for this project were chosen based on a track record of successful work with our Agency. The HHS grant application stipulated that an infrastructure be in place and that existing partners be given an expanded role in order to carry out the project. We have had great success working with this vendor in the past and their level of expertise is exactly what is needed for successful completion of the outlined deliverables.			
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 8/12/09	
44. Attorney General's Office approval 		45. Date Approved 8 AUG 09	
42. Budget agency approval MFC		43. Date Approved 8/14/09	
46. Agency representative receiving from AG		47. Date Approved	

39208-003

38P

3610-572900-140430  
ASIST 200-98

**Amendment No. 2**  
EDS Number A70-9-009011

This is an Amendment to the existing Office of Women's Health Asist Program Professional/Personal Services Contract entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **The Trustees of Indiana University (Indianapolis Campus)** (hereinafter referred to as the "Contractor") for the period from September 1, 2008 through August 31, 2009, in the amount of \$58,450.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

The amount of the Professional/Personal Services Contract is being increased by \$36,914, making the new total of the Professional/Personal Services Contract \$95,364. The additional funds will be used to support a part-time project epidemiologist and the associated expenses of this staff person. Specific tasks will include establishing an intake process and an electronic system to collect data, training project staff on how to utilize these tracking tools, and providing data to the project director and HHS on a quarterly basis. No change in services. The Epidemiologist will also hire a part-time Research Assistant to be responsible for the accurate entry of all project-related data and assist with the development of all reports for the ASIST 2010 project. Activities are described in Attachment C, attached hereto, and made a part hereof and incorporated herein by reference as a part of this Professional/Personal Services Contract. The expiration date of this Professional/Personal Services Contract is being extended to August 31, 2010.

Paragraph 2 – **Consideration** is amended to read:

The Contractor will be paid monthly in arrears using the rate(s) set out on Attachments A, B, and C. Payments shall not exceed \$58,450 for the period of September 1, 2008 through August 31, 2009, and \$36,914 for the period of September 1, 2009 through August 31, 2010. Total remuneration under this Contract shall not exceed \$95,364.

Paragraph 27C is amended to read:

All accounts will be closed sixty (60) days after the end of each Contract period as specified in Paragraph 2. Any invoice submitted after sixty (60) days will not be reimbursed by the State.

**Funding Summary**

3610-572900-140430	9/1/08 through 8/31/09	\$58,450
3610-572900-140430	9/1/09 through 8/31/10	36,914
Total		\$95,364

All other matters previously agreed to and set forth in the original Professional/Personal Services Contract and not affected by this Amendment shall remain in full force and effect.

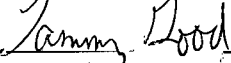
**Non-Collusion and Acceptance**

The undersigned attests, subject to the penalties for perjury, that he/she is the Contractor, or that he/she is the properly authorized representative, agent, member or officer of the Contractor, that he/she has not, nor has any other member, employee, representative, agent or officer of the Contractor, 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 Contract other than that which appears upon the face of this Contract.

**The rest of this page has been left blank intentionally.**

In Witness Whereof, the Contractor and the State of Indiana have, through duly authorized representatives, entered into this Professional/Personal Services Contract Amendment. The parties having read and understanding the foregoing terms of the Professional/Personal Services Contract Amendment do by their respective signatures dated below agree to the terms thereof.

**Accepted By:**



Tammy Good  
Grant Services Manager  
THE TRUSTEES OF INDIANA UNIVERSITY  
(INDIANAPOLIS CAMPUS)

DATE: 8-11-09

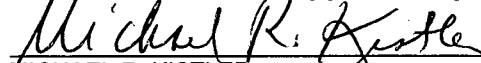
**Certification of Funds:**



ALLEN L. COLLIER  
DIRECTOR OF FINANCE  
DIVISION OF FINANCE  
OPERATIONAL SERVICES COMMISSION  
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 8-11-09

**Recommended and Approved By:**



MICHAEL R. KISTLER  
CHIEF FINANCIAL OFFICER  
OPERATIONAL SERVICES COMMISSION  
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 8-12-09

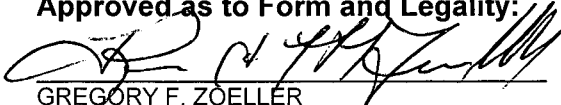
**Approved:**



MARK W. LEVENSON  
COMMISSIONER  
DEPARTMENT OF ADMINISTRATION  
STATE OF INDIANA

DATE: 8/13/2009

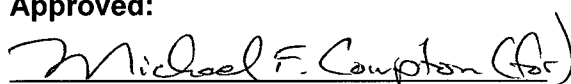
**Approved as to Form and Legality:**



GREGORY F. ZOELLER  
ATTORNEY GENERAL OF INDIANA

DATE: 18 AUG 09

**Approved:**



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

DATE: 8/14/09

## 1. Sub Contract

**Name of Contractor:** Indiana University Bowen Center/AHEC  
**Method of Selection:** Sole Selection  
**Period of Performance:** September 1, 2009-August 31, 2010

**Description of Activities:** Vendor will provide an epidemiologist or an individual knowledgeable about statistical data collection and analyses. This person will be responsible for providing technical assistance to ISDH collaborative partners and other stakeholders. This assistance will include actively planning and implementing activities for the Diabetes Advisory Council and Women's Health Steering Committee.

**Method of Accountability:** Vendor's work will be satisfactory when the deliverables listed above are completed, professionally and timely.

**Itemized Budget:****Personnel & Fringe**

(1) .2 FTE Epidemiologist	\$16,813.06
(1) RA (805 hrs X \$17.50/hr)	\$14,087.50
fringe at 7.04%	991.76

Travel (2000 miles x .40/mile)	\$1,430.00
6 hotels stay @ \$79/night	
6 per Diems @ \$26/day	

Supplies	\$239.45
Administrative Fee (10%)	\$3,352.23

<b>Total:</b>	<b>\$36,914.00</b>
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*16*  
*SR*