15. Requisition Number:

AGENCY INFORMATION

14. Name of agency:

EXECUTIVE DOCUMENT SUMMARY



State Form 41221 (R10/ Received Instructions for completing the EDS and the Contract process.

Instructions for completing	the EDS and the Contract process.	Department of Health	·	
1. Please read the guidelin 2. Please type all informati 3. Check all boxes that ap	ion. 76	16. Address: 2 N. Meridian Street Indianapolis, IN 46204		
	wals, attach original contract.	A CENCY CONTACT	INCORMATION	
5. Attach additional pages	if necessary.	AGENCY CONTACT		
1 EDC Mumbers	2. Date prepared:	17. Name: Marcie Memmer	18. Telephone #: 317 2337299	
1. EDS Number: A70-6-7805	5/28/2008	19. E-mail address:		
	CTS & LEASES	mmemmer@isdh.in.gov		
X		COURIER INF	ORMATION	
X Professional/Personal Services	Contract for procured ServicesMaintenance	20. Name:	21. Telephone #:	
Grant Lease	_ License Agreement	Steve Martin	(317) 233-7573	
Attorney	X Amendment# 2	22. E-mail address:		
MOU	Renewal #	smartin@isdh.in.gov		
QPA	Other	VENDOR INFO	DRMATION	
FISCAL IN	FORMATION	23 Vendor ID # 0000071452	.	
4. Account Number: 3610-10350.539000	5. Account Name: ADDRESSING ASTHMA			
		24. Name:	25. Telephone #:	
6. Total amount this action: \$22,521.00	7.New contract total: 89,372.00	INDIANA ENVIRONMENTAL HEALTH	ASSOCIATI (765) 482-2942	
8. Revenue generated this action: \$0.00	9.Revenue generated total contract: \$0.00		26. Address: PO BOX 457 INDIANAPOLIS, IN 46206	
10.New total amount for each fiscal year	ar:			
Year 2006 \$22,000,00	-	27. E-mail address: pminnick@co.boon	27. E-mail address: pminnick@co.boone.in.us	
Year 2007 \$22,000,00	-	28. Is the vendor registered with the Secretary		
Year 2008 \$22 851 00 Year 2009 \$22 521 00	_	29. Primary Vendor: M/WBE	X Yes No 30. If yes, list the %:	
Year 2009 \$22 521 00	-	Minority: Yes X No	Minority: %	
TIME DEBIOD CO	WERER IN THE ERE	Women: Yes X	Women: %	
	OVERED IN THIS EDS	31 Sub Vendor:M/WBE	32. If yes, list the %:	
11. From (month, day, year): 9/1/2005	12. To (month, day, year): 8/31/2009	Minority: Yes X No	Minority:	
13. Method of source selection:	X Negotiated	Women: Yes X No	Women:	
Bid/Quotation Emerge		33. Is there Renewal Language in	34. Is there a "Termination for Convenience" clause in the	
RFP# Other (-	XYes No	document? X Yes No	
·	ra processing or telecommunications systems	Yes: IOT or Delegate has		
33. Will the attached document involve date	a processing of referential and a systems	Tes. 101 of Delegate has	signed off on contract	
36. Statutory Authority (Cite applicable Inc. NA	diana or Federal Codes):			
As indicated in Amendment #2, IEHA will Asthma Program and its partners, gather te	continue to provide an an individual knowledgeable a	ntion of the scope of work included in this agreement bout the environment and asthma to: provide technical assons to identified legislation. As established by Indiana's control.	sistance to the ISDH	
	mental health personnel who work to control environm	nental hazards to permit attainment of optimum human hee. EHA will provide requested services with an administ		
39. If this contract is submitted late, please	explain why: (Required if more than 30 days la	nte.)		
40. Agency fiscal officer or representative a	approval 41. Date Approved	42. Budget agency approval	43. Date Approved	
MY representative a	14,16,00		1 Diale	
://1	4.000	1 V Wedwelt Con	Jotan 112108	
44. Attorney General's Office approval	45. Date Approved	46. Agency representative receiving from AG	47. Date Approved	
	EAB 7-7-08			



Amendment No. 2 EDS Number A70-6-7805

a Combract

This is an Amendment to the existing Addressing Asthma Personal Services Contract entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **Indiana Environmental Health Association, Inc.** (hereinafter referred to as the "Contractor") for the period from September 1, 2005 through August 31, 2008, in the amount of \$66,851.

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

The amount of the Personal Services Contract is being increased by \$22,521, making the new total of the Personal Services Contract \$89,372. The additional funds will be used to continue providing an environmental epidemiologist or an individual knowledgeable about the envirnonment and asthma to: provide technical assistance to the Indiana State Department of Health (ISDH) Asthma Program and its partners, gather technical assistance materials and write proposed revisions to identified legislation. See Attachment D, attached hereto, and made a part hereof and incorporated herein as a part of this Person Services Contract. The expiration date of this Personal Services Contract is being extended to August 31, 2009.

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

The Contractor will be paid monthly in arrears using the rate(s) set out on Attachment A, B, C, and D. Payments shall not exceed \$22,000 for the period of September 1, 2005 through August 31, 2006, \$22,000 for the period September 1, 2006 through August 31, 2007, \$22,851 for the period September 1, 2007 through August 31, 2008, and \$22,521 for the period September 1 2008 through August 31, 2009. Total remuneration under this Contract shall not exceed \$89,372.

Paragraph 9B – Compliance with Laws is amended to read:

The Contractor and its agents shall abide by all ethical requirements that apply to persons who have a business relationship with the State as set forth in IC § 4-2-6 et seq., IC § 4-2-7, et. seq., the regulations promulgated thereunder, and Executive Order 04-08, dated April 27, 2004. If the Contractor is not familiar with these ethical requirements, the Contractor should refer any questions to the Indiana State Ethics Commission, or visit the Indiana State Ethics Commission website at http://www.in.gov/ig/. If the Contractor or its agents violate any applicable ethical standards, the State may, in its sole discretion, terminate this Contract immediately upon notice to the Contractor. In addition, the Contractor may be subject to penalties under IC §§ 4-2-6, 4-2-7, 35-44-1-3, and under any other applicable laws.

Funding Summary

3610-103500	9/1/05 thru 8/31/06	\$22,000
3610-103500	9/1/06 thru 8/31/07	22,000
3610-103500	9/1/07 thru 8/31/08	22,851
3610-103500	9/1/08 thru 8/31/09	22,521
Total		\$89,372

All other matters previously agreed to and set forth in the original 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 Personal Services Contract Amendment. The parties having read and understanding the foregoing terms of the Personal Services Contract Amendment do by their respective signatures dated below agree to the terms thereof.

Accepted By:	
_ Pat Minnik	
PAT MINNICK PRESIDENT INDIANA ENVIRONMENTAL HEALTH ASSOCIATION, INC.	
DATE: 6/20/08	
BEVERLY S. FLANAGAN DEPUTY DIRECTOR OF BUSINESS PROCESSES DIVISION OF FINANCE OPERATIONAL SERVICES COMMISSION INDIANA STATE DEPARTMENT OF HEALTH DATE: (2)25/18	Recommended and Approved By: Willy Standard LANCE RHODES CHIEF FINANCIAL OFFICER OPERATIONAL SERVICES INDIANA STATE DEPARTMENT OF HEALTH DATE: 4425, 2008
Approved:	Approved:
CARRIE HENDERSON COMMISSIONER DEPARTMENT OF ADMINISTRATION STATE OF INDIANA	CHRISTOPHER A. RUHL, DIRECTOR STATE BUDGET AGENCY STATE OF INDIANA
DATE: 4/27/48	DATE: 7/2/08
Approved as to Form and Legality:	
Clegatett A. Brown for STEPHEN CARTER ATTORNEY GENERAL OF INDIANA	
DATE: 7-7-08	

ATTACHMENT D **Indiana Environmental Health Association (IEHA)**

1. PURPOSE OF THE CONTRACT:

The purpose of this contract is to provide the following services to the Indiana State Department of Health (ISDH) Asthma Program:

Provide an individual knowledgeable about the environment and asthma to coordinate and staff the Environmental Quality Workgroup. This person will also provide technical assistance to the ISDH, InJAC's workgroups and other stakeholders. The assistance will include actively planning and implementing activities in the State Plan for the Environmental Quality workgroup for the next year.

2. SERVICE RECIPIENTS

Citizens of the State of Indiana

3. CONTRACT ACTIVITIES

REQUIRED ACTIVITES	MEASURABLE CRITERIA	PAYMENT
	Services to be provided in accordance	
Employ an individual	with the Asthma Program's Centers for	
knowledgeable about the	Disease Control and Prevention (CDC)	
environment, .5FTE	Cooperative Agreement.	\$20,114
Environmentalist will		
provide technical assistance	Services to be provided in accordance •	,
to the state, InJAC and	with the Asthma Program's CDC	
stakeholders.	Cooperative Agreement.	
Environmentalist will		
coordinate and staff the	Services to be provided in accordance	
Environmental Quality (EQ)	with the Asthma Program's CDC	
Workgroup.	Cooperative Agreement.	
Environmentalist will plan		-
and implement activities in	Services to be provided in accordance	
the State Plan for the EQ	with the Asthma Program's CDC	
Workgroup.	Cooperative Agreement.	
	Services to be provided in accordance	
	with the Asthma Program's CDC	
Travel (150 miles @ \$0.40)	Cooperative Agreement.	\$60
	Services to be provided in accordance	
	with the Asthma Program's CDC	
Supplies	Cooperative Agreement	\$300
Administration Fee (10% of		
20,474)		\$2,047
Total		\$22,521

Any deviation in program expenditures must be requested in writing to the Chronic Disease Director at ISDH prior to funds being moved or expended.

4. EQUIPMENT

The Contractor is responsible for the cost of all repairs, maintenance, and/or replacement of equipment purchased with grant funds while they have care, custody and control over this equipment, and will not be reimbursed with grant funds for such expenses.

5. TRAVEL

Travel (mileage/per diem) will be paid the lower of either the provider or the state of Indiana.

All out of state travel using contract funds must have prior written authorization from the State. Authorization for out of state travel must be requested in writing at least six weeks prior to expected travel.

6. INVOICES

All invoices must be accompanied by written documentation of actual expenditures for all claimed items.

The Contractor will be paid monthly for the deliverables defined and referenced above. Such payment shall be made in arrears upon receipt and approval of invoices. The payments shall be made in the amounts set out in the Deliverables and Schedule of Payment and hereby incorporated into this Contract for Services.