



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: A70-4-5854		2. Date prepared: 8/21/2006	
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 checked="" type="checkbox"/> Amendment# <u>5</u>	
<input type="checkbox"/> MOU		<input type="checkbox"/> Renewal # <u> </u>	
<input type="checkbox"/> QPA <u> </u>		<input type="checkbox"/> Other <u> </u>	
FISCAL INFORMATION			
4. Account Number: 3610-10320.		5. Account Name: BIOTERRORISM PREPARE &	
6. Total amount this action: \$2,171,388.50		7. New contract total: \$2,171,388.50	
8. Revenue generated this action: \$0.00		9. Revenue generated total contract: \$0.00	
10. New total amount for each fiscal year : Year <u>2004</u> \$ <u>1,797,032.00</u> Year <u>2006</u> \$ <u>171,667.00</u> Year <u>2005</u> \$ <u>96,021.50</u> Year <u>2007</u> \$ <u>26,667.00</u>			
TIME PERIOD COVERED IN THIS EDS			
11. From (month, day, year): 1/1/2004		12. To (month, day, year): 6/30/2010	
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# <u> </u> <input type="checkbox"/> Other (specify) <u> </u>			
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: Sandra,		21. Telephone #: 2-3153	
22. E-mail address: bwhite@isdh.state.in.us			
VENDOR INFORMATION			
23. Vendor ID # 0000005780			
24. Name: WESTERN SELECT PROPERTIES, L.P		25. Telephone #: 317-357-7000	
26. Address: PO BOX 19344 2525 N SHADELAND AVE INDIANAPOLIS, IN 46219			
27. E-mail address: jcrump@norry.com			
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: <u> </u> % Women: <u> </u> %	
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: <u> </u> % Women: <u> </u> %	
33. Is there Renewal Language in the document? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. Is there a "Termination for Convenience" clause in the document? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.) The additional \$145,000 is to purchase and install a modular office joined to the existing modular laboratory.			
38. Justification of vendor selection and determination of price reasonableness: n/a			
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		43. Date Approved	
44. Attorney General's Office approval		45. Date Approved	
46. Agency representative receiving from AG		47. Date Approved	