

MAY 29 2007

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EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-06)

Instructions for completing EDS and the Contract process.

MAY 31 2007

1. Please read the guidelines on the back of this form.

2. Please use a pen or marker.

3. Check all boxes that apply.

4. For amendments / renewals, attach original contract.

5. Attach additional pages if necessary.

DEPARTMENT OF ADMINISTRATION
CONTRACTS DIVISION

1. EDS Number: A70-6-7890	2. Date prepared: 4/2/2007
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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>1</u> <input type="checkbox"/> Renewal # <input type="checkbox"/> Other
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FISCAL INFORMATION

4. Account Number: 2070-14000.	5. Account Name: Child Spec Hlth Care-St/Cty
6. Total amount this action: \$13,000.00	7. New contract total: \$48,800.00
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year 2006	\$17,900.00
Year 2007	\$17,900.00
Year 2008	\$13,000.00
Year	\$

TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year): 7/1/2005	12. To (month, day, year): 6/30/2008
13. Method of source selection:	
<input type="checkbox"/> Bid/Quotation	<input checked="" type="checkbox"/> Negotiated
<input type="checkbox"/> RFP#	<input type="checkbox"/> Special Procurement
<input type="checkbox"/> Other (specify)	

35. Will the attached document involve data processing or telecommunications systems

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.)

Expand the Parents Empowering Parents (PEP) originally developed for children with hemophilia; and will operate Camp Independence; and Outreach Sickle Cell Program and Education; these program components are to improve health outcomes for children who have Sickle Cell Anemia. Renewal #1 extends the contract 12 months and adds operating expenses. Amendment #1: Extends the contract 12 months and adds \$13,00 for operating Camp Independence.

38. Justification of vendor selection and determination of price reasonableness:

The objectives of this Grantee are consistent with and supportive of the State Health Plan, National Objectives for the Year 2010, Title V legislation and the Indiana State Department of Health's (ISDH) Critical Success Factors (Strategic Plan). Notice of funding availability was announced, applications were submitted, scored and evaluated by a review team and reviewed for funding recommendations. The Grant Agreement total is based on a specific budget proposed by the Grantee as well as costs projected by the

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
		M. Compton	6/28/07
44. Attorney General's Office approval	45. Date Approved	46. Agency representative receiving from AG	47. Date Approved
DS	7-17-07		



6390-002

11723

AGENCY INFORMATION

14. Name of agency: Department of Health	15. Requisition Number:
16. Address: 2 N. Meridian Street Indianapolis, IN 46204	

AGENCY CONTACT INFORMATION

17. Name: Robert K. Martin	18. Telephone #: 317/234-1736
19. E-mail address: rmartin@ISDH.IN.gov	

COURIER INFORMATION

20. Name: Steve Martin	21. Telephone #: (317)233-7573
22. E-mail address: smartin@ISDH.in.gov	

VENDOR INFORMATION

23. Vendor ID # 0000004796	
24. Name: INDIANA UNIVERSITY	25. Telephone #: (317)274-7079
26. Address: FINANCIAL MANAGEMENT SUPPORT PO BOX 66057	
27. E-mail address: lihancoc@iupui.edu	

28. Is the vendor registered with the Secretary of State? (Out of State Corporations must be registered)

X Yes No

29. Primary Vendor: M/WBE

Minority: Yes X No

Women: Yes X No

31 Sub Vendor: M/WBE

Minority: Yes X No

Women: Yes X No

33. Is there Renewal Language

in X Yes No

34. Is there a "Termination for

Convenience" clause in the

document? X Yes No

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JUN 22 2007

OAG-ADVISORY

MS 4/19/07
2070-572100-140000
CSHCN 200-15

Amendment No. 1
EDS Number A70-6-7890

This is an Amendment to the existing Children's Special Health Care Agreement entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **Indiana University** (hereinafter referred to as the "Grantee") for the period from July 1, 2005 through June 30, 2007, in the amount of \$35,800.

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

The amount of the Grant Agreement is being increased by \$13,000 making the new total of the Grant Agreement \$48,800. The additional funds will be used to operate Camp Independence. The summer camp is for children with Sickle Cell, Hemophilia, and other chronic hematological disorders. See Attachment A1 which replaces Attachment A in the original Grant Agreement, attached hereto, and made a part hereof and incorporated herein by reference as part of this Grant Agreement. The expiration date of this Grant Agreement is being extended to June 30, 2008.

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

The Grantee will be paid monthly in arrears using the rates set out on Attachments A1 and B, attached hereto and hereby incorporated into this Grant Agreement. Payments shall not exceed \$17,900 for the period of July 1, 2005 through June 30, 2006; \$17,900 for the period July 1, 2006 through June 30, 2007; and \$13,000 for the period July 1, 2007 through June 30, 2008. Total remuneration under this Grant Agreement shall not exceed \$48,800.

Paragraph 26 **Information Technology Accessibility** is amended to read:

If the Grantee provides any information technology related products or services to the State, the Grantee shall comply with all Indiana Office of Technology (IOT) standards, policies and guidelines, which are online at <http://www.iot.in.gov/architecture/>. The Grantee specifically agrees that all hardware, software and services provided to or purchased by the State shall be compatible with the principles and goals contained in the electronic and information technology accessibility standards adopted under Section 508 of the Federal Rehabilitation Act of 1973 (29 U.S.C. 794d) and IC 4-13.1-3. Any deviation from these architecture requirements must be approved in writing by IOT in advance. The State may terminate this Grant Agreement for default if the Grantee fails to cure a breach of this provision within a reasonable time.

Paragraph 31B is amended to read:

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

Funding Summary

2070-140000	7/1/05 thru 6/30/06	\$17,900
2070-140000	7/1/06 thru 6/30/07	17,900
2070-140000	7/1/07 thru 6/30/08	<u>13,000</u>
Total		\$48,800

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

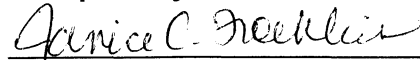
Non-Collusion and Acceptance

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

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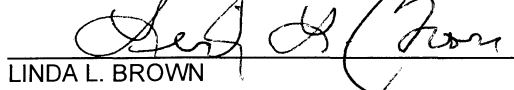
In Witness Whereof, the Grantee and the State of Indiana have, through duly authorized representatives, entered into this Grant Agreement Amendment. The parties having read and understanding the foregoing terms of the Grant Agreement Amendment do by their respective signatures dated below agree to the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

Accepted By:


JANICE C. FROEHLICH
INTERIM VICE CHANCELLOR FOR
RESEARCH
INDIANA UNIVERSITY

DATE: 5/17/07

Certification of Funds:


LINDA L. BROWN
DIRECTOR
DIVISION OF FINANCE
OPERATIONAL SERVICES COMMISSION
INDIANA STATE DEPARTMENT OF HEALTH

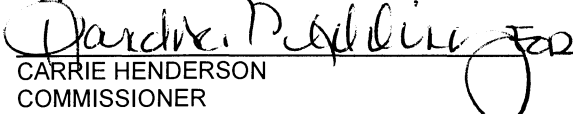
DATE: 5/29/07

Recommended and Approved By:


LANCE RHODES
CHIEF FINANCIAL OFFICER
OPERATIONAL SERVICES
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 5/23/07

Approved:


CARRIE HENDERSON
COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA


DATE: 6-1-07

Approved:


CHARLES E. SCHALLIOL
STATE BUDGET DIRECTOR
STATE OF INDIANA

DATE: 6/21/07

Approved as to Form and Legality:


STEPHEN CARTER
ATTORNEY GENERAL OF INDIANA

DATE: 7-17-07