



## 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:<br>A70-4-5752   |  | 2. Date prepared:<br>8/21/2006   |   |
| <b>3. CONTRACTS &amp; LEASES</b>   |  |  |   |
| <input type="checkbox"/> Professional/Personal Services<br><input checked="" type="checkbox"/> Grant<br><input type="checkbox"/> Lease<br><input type="checkbox"/> Attorney<br><input type="checkbox"/> MOU<br><input type="checkbox"/> QPA  |  | <input type="checkbox"/> Contract for procured Services<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> License Agreement<br><input checked="" type="checkbox"/> Amendment# <u>3</u><br><input type="checkbox"/> Renewal #<br><input type="checkbox"/> Other |   |
| <b>FISCAL INFORMATION</b>  |  |  |   |
| 4. Account Number:<br>2070-14000.  |  | 5. Account Name:<br>Child Spec Hlth Care-St/Cty  |   |
| 6. Total amount this action:<br>\$1,089,965.00   |  | 7. New contract total:<br>\$1,089,965.00   |   |
| 8. Revenue generated this action:<br>\$0.00  |  | 9. Revenue generated total contract:<br>\$0.00   |   |
| 10. New total amount for each fiscal year:<br>Year <u>2004</u> \$ <u>259,655.00</u> Year <u>2006</u> \$ <u>259,655.00</u><br>Year <u>2005</u> \$ <u>259,655.00</u> Year <u>2007</u> \$ <u>311,000.00</u>   |  |  |   |
| <b>TIME PERIOD COVERED IN THIS EDS</b>   |  |  |   |
| 11. From (month, day, year):<br>7/1/2003   |  | 12. To (month, day, year):<br>5/31/2007  |   |
| 13. Method of source selection:<br><input type="checkbox"/> Bid/Quotation <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Negotiated<br><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)?<br>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.)<br>Grantee provides training and peer support for families of children with special health care needs by utilizing the skills and experience of parent liaisons and conducts workshops for families and communities. Amendment #1: Extends contract 12 months and increase amount of contract \$259,655. Amendment #2: Extends contract 12 months and increase amount of contract \$311,000. (See Attached) |  |  |   |
| 38. Justification of vendor selection and determination of price reasonableness:<br>The objectives of this project are consistent with and support the State Health Plan, national Healthy People 2010 objectives, and the ISDH's Critical success Factors (Strategic Plan). Program costs are within a range of similar not-for-profit outreach projects in Indiana.  |  |  |   |
| 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                  |
| 44. Attorney General's Office approval   |  | 45. Date Approved  | 46. Agency representative receiving from AG |
|  |  |  | 47. Date Approved                           |

### 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 Bruce Scott

18. Telephone #:  
317/233-1241

19. E-mail address:  
rbscott@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 # 000076970

24. Name:  
INDIANA PARENT INFORMATION NETWORK INC

25. Telephone #:  
317/257-8683

26. Address: 4755 KINGSWAY DR

INDIANAPOLIS, IN 46205

27. E-mail address: rebecca@ipin.org

28. Is the vendor registered with the Secretary of State? (Out of State Corporations, must be registered) ☒ Yes ☐ No

29. Primary Vendor: M/WBE  
Minority: ☐ Yes ☒ No  
Women: ☐ Yes ☒ No

30. If yes, list the %:  
Minority: ☐ %  
Women: ☐ %

31. Sub Vendor: M/WBE  
Minority: ☐ Yes ☒ No  
Women: ☐ Yes ☒ No

32. If yes, list the %:  
Minority: ☐ %  
Women: ☐ %

33. Is there Renewal Language in the document?  
☒ Yes ☐ No

34. Is there a "Termination for Convenience" clause in the document?  
☒ Yes ☐ No