

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 DEPARTIMENTAGE ADMINISTRATION

			i e		1
4. For amen DONTRACES DIVISION ontract. 5. Attach additional pages if pecessary.		AGENCY CONTACT INFORMATION			
I. EDS Number:	2. Date prepared	222	17. Name: Laura Heinrich		18. Telephone #: 317/233-7449
A70-5-7255	12/28/20		19. E-mail address: ltheinri@isdh.in.gov		
3. CONTRA	CTS & LEASES			FORMATION	
- Professional/Personal Services	Contra	ct for procured Services			1
X Grant	Mainte	nance	20. Name: Steve Martin		21. Telephone #: 317-233-7573
Lease		e Agreement			317-233-7373
Attorney	Amend	iment#3	22. E-mail address:		•
MOU		ral #	smartin@isdh.in.gov		
QPA Other			VENDOR INFORMATION		
FISCAL INFORMATION			23 Vendor ID # 0000058437		
4. Account Number: 3610-14710.	5. Account N	ame: -BASED DIABETES GR	24. Name:		25. Telephone #:
6. Total amount this action:	7.New contr		ELKHART COUNTY		574-523-2119
\$5,000.00 8. Revenue generated this action: \$0.00	9.Revenue g	35,000.00 generated total contract: \$0.00	26. Address: ELKHART COUNTY AUI ELKHART COUNTY OFI 117 N 2ND ST		
10.New total amount for each fiscal yea	r:		GOSHEN, IN 46526		
Year 2005 \$7.500.00	-		27. E-mail address: bwelty@elkhartco	ountyhealth.org	
Year 2006 \$10,000,00	_		28. Is the vendor registered with the Secretar	ry of State? (Out	of State
Year 2007 \$5 000 00	<u>-</u>	•	Cornorations must be registered)	X_Yes \	
Year 2008 \$10,000,00	-		29. Primary Vendor: M/WBE Yes X No	30. If yes, lis	
Year 2009 \$2 500 00	9		X X	Minority:	% %
TIME PERIOD CO	VERED IN THIS	EDS	Women: Yes No	Women:	
11. From (month, day, year):	12. To (month,	day, year):	31 Sub Vendor:M/WBE Minority: Yes No	Minority:	st tile %: %
3/30/2005	3/29/2009		Women: Yes X No	Women:	%
13. Method of source selection: Bid/Ouotation Emerge	encry	X Negotiated	33. Is there Renewal Language	34. Is there a	"Termination for
Bid/Quotation Emerg		Special Produrement	in	Convenience	" clause in the
RFP# Other (specify)		X YesNo	document?	X Yes No
35. Will the attached document involve dat	a processing or te	lecommunications systems	Yes: IOT or Delegate h	as signed off on o	contract
36. Statutory Authority (Cite applicable Inc	liana or Federal (Codes):			
37. Description of work and justification for	r spending money	. (Please give a brief descrip	tion of the scope of work included in this agreen	nent.)	
Admedment #3; The monies are available Resources. Funds will be used to increase	through a Centers fo diabetes awareness a	or Disease Control and Prevention and to build a community consense	nion of the scope of work included in this agreen (CDC) Cooperative Agreement to expand Diabetes Pre as through population-based activities.	vention and Contro	
		•			JAN 0 8 2008
38. Justification of vendor selection and d The Elkhart County Health Department wa	etermination of pr s chosen because the	ice reasonableness: e data shows diabetes is more prev	alent than in other counties. The county indicated a ne	ed for increasing	
mavelos arm vilos dill Culturili.					
39. If this contract is submitted late, please Contract is not submitted late.	explain why: (Rea	quired if more than 30 days la	1e.)	www.	
40. Agency fiscal officer or representative a	pproval	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

14. Name of agency:

Department of Health

16. Address: 2 N. Meridian Street Indianapolis, !N 46204

AGENCY INFORMATION

15. Requisition Number:



. 12065

Department of Health

2 N. Meridian Street

Indianapolis, IN 46204

14. Name of agency:

16. Address:

DEC 28 2007

15. Requisition Number:

17449-002

AGENCY INFORMATION

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.		AGENCY CONTACT INFORMATION		
1. EDS Number:	2. Date prepared	17. Name: Laura Heinrich	18. Telephone #: 317/233-7449	
A70-5-7255	11/14/2007	19. E-mail address:		
3. CONTRAC	TS & LEASES	ltheinri@isdh.in.gov		
Professional/Paragnal Consists	Contract for progued Sonders	COURIER INFO	DRMATION	
Professional/Personal Services X Grant	Contract for procured Services Maintenance	20. Name:	21. Telephone #:	
— Gant — Lease	License Agreement	Steve Martin	317-233-7573	
Attorney	X Amendment# 3	22. E-mail address:		
MOU	— Renewal #	smartin@isdh.in.gov		
QPA	Other	VENDOR INFO	RMATION	
FISCAL INF	ORMATION	23 Vendor ID # 0000058437	<u> </u>	
4. Account Number: 3610-14710.	5. Account Name: STATE-BASED DIABETES GR	24. Name:	26 77.11 #	
6. Total amount this action:	7.New contract total:	ELKHART COUNTY	25. Telephone #: 574-523-2119	
\$5,000.00	35,000.00	26. Address: ELKHART COUNTY AUDIT		
Revenue generated this action: \$0.00	9.Revenue generated total contract: \$0.00	ELKHART COUNTY OFFICE BLDG 117 N 2ND ST GOSHEN, IN 46526		
10.New total amount for each fiscal year	13			
Year 2005 \$7.500.00				
Year 2006 \$10,000,00		28. Is the vendor registered with the Secretary of	of State? (Out of State X Yes No	
Year 2007 \$5,000.00 Year 2008 \$10,000.00	-	Cornorations must be registered) 29. Primary Vendor: M/WBE	30. If yes, list the %;	
Year 2009 \$2,500,00		Minority: Yes X No	Minority:%	
<u> </u>	VEDED IN THE EDG	Women: Yes X	Women:	
	/ERED IN THIS EDS	31 Sub Vendor:M/WBE	32. If yes, list the %:	
11. From (month, day, year): 3/30/2005	12. To (month, day, year): 3/29/2009	Minority: Yes X No Women: Yes X No	Minority: ————————————————————————————————————	
13. Method of source selection:	X Negotiated	Women: Yes ^ No	Women: 34. Is there a "Termination for	
Bid/Quotation Emerger	ccy Special Produrement	in	Convenience" clause in the	
RFP# Other (s)	pecify)	X Yes No	document? X Yes No	
35. Will the attached document involve data	processing or telecommunications systems	Yes: IOT or Delegate has s	signed off on contract	
36. Statutory Authority (Cite applicable Indi	iana or Federal Codes):			
37. Description of work and justification for	spending money. (Please give a brief description	ion of the scope of work included in this agreemen	ut.)	
		CDC) Cooperative Agreement to expand Diabetes Preven	*	
	iabetes awareness and to build a community consensus			
38. Justification of vendor selection and det The Elkhart County Health Department was		lent than in other counties. The county indicated a need f	for increasing	
diabetes awareness and education.	·			
39. If this contract is submitted late, please e	xplain why: (Required if more than 30 days late	e.)		
Contract is not submitted late.			•	
40. Agency fiscal officer of representative ap	proval 41. Date Approved	42. Budget agency approval	43. Date Approved	
IMI I	17.19.77		1/-/	
1117	11/1001	M. Compton	115108	
44. Attorney General's Office approval	45. Date Approved	46. Agency representative receiving from AG	47. Date Approved	
//2				
	7010		, 17449-002	

3610-572100-147100 DG 119-6

Amendment No. 3 EDS Number A70-5-7255

This is an Amendment to the existing Diabetes Grant Grant Agreement entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **Elkhart County Health Department** (hereinafter referred to as the "Grantee") for the period from March 30, 2005 through March 29, 2009, in the amount of \$30,000.

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 \$5,000 making the new total of the Grant Agreement \$35,000. The additional funds will allow the Grantee to continue providing services. The expiration date of this Grant Agreement is being extended to March 29, 2009.

Paragraph 18A – Additional Payment Terms is being amended to read:

The State disburses Grant funds on a cost reimbursement basis. Actual expenditures of authorized costs will be reimbursed monthly by the State upon receipt of duly executed Invoices from the Grantee. Invoices shall be due by the 20^{th} day after the end of each month. Payments shall not exceed \$10,000 for the period March 30, 2005 through March 29, 2006, \$10,000 for the period March 30, 2006 through March 29, 2007, \$10,000 for the period March 30, 2007 through March 29, 2008, and \$5,000 for the period March 30, 2008 through March 29, 2009. Total remuneration under this Grant Agreement shall not exceed \$35,000.

Paragraph 18B is amended to read:

All accounts will be closed sixty (60) days after the end of each Grant Agreement period as specified in Paragraph 18A. Any invoice submitted after sixty (60) days will not be reimbursed by the State.

Paragraph 32 Information Technology Accessibility is amended to read:

Information Technology Accessibility Standards

Any information technology related products or services purchased, used or maintained through this Grant must be compatible with the principles and goals contained in the Electronic and Information Technology Accessibility Standards adopted by the Architectural and Transportation Barriers Compliance Board under Section 508 of the federal Rehabilitation Act of 1973 (29 U.S.C. 794d), as amended. The federal Electronic and Information Technology Accessibility Standards can be found at: http://www.access-board.gov/508.htm.

Paragraph 34 **Notices to Parties** – The item listed as "Payments to the Grantee shall be sent to:" is deleted.

Funding Summary

3610-147100	3/30/2005 thru 3/29/2006	\$10,000
3610-147100	3/30/2006 thru 3/29/2007	10,000
3610-147100	3/30/2007 thru 3/29/2008	10,000
3610-147100	3/30/2008 thru 3/29/2009	5,000
Total	3/30/2006 tillu 3/29/2009	\$35,000

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.

The rest of this page has been left blank intentionally.

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:	Attested By:
Clipa Peren mD	Ward L'Hess
AIXSA PEREZ, M.D. HEALTH OFFICER	DAVID L. HESS AUDITOR
ELKHART COUNTY HEALTH DEPARTMENT	ELKHART COUNTY
DATE: 12-18-07	DATE: 12-21-07
Certification of Funds:	Recommended and Approved By:
Murly D. Hanagan	Langerods
BEVERLY S./FLANAGAN DEPUTY DIRECTOR OF BUSINESS PROCESSES	LANCE RHODES CHIEF FINANCIAL OFFICER
DIVISION OF FINANCE	OPERATIONAL SERVICES
OPERATIONAL SERVICES COMMISSION INDIANA STATE DEPARTMENT OF HEALTH	INDIANA STATE DEPARTMENT OF HEALTH
DATE: Willemille 28, 2007	DATE: 12/28/17
DATE. JOSEPH CONTRACTOR OF THE PROPERTY OF THE	DAL.
Approved:	Approved:
Dardix, Pallery top	M Constant
CARRIE HENDERSON TOP	CHRISTOPHER A. RUHL, DIRECTOR
CARRIÉ HENDERSON COMMISSIONER	CHRISTOPHER A. RUHL, DIRECTOR STATE BUDGET AGENCY STATE OF INDIANA
CARRIÉ HENDERSON COMMISSIONER DEPARTMENT OF ADMINISTRATION STATE OF INDIANA	STATE BUDGET AGENCY
CARRIÉ HENDERSON COMMISSIONER DEPARTMENT OF ADMINISTRATION	STATE BUDGET AGENCY
CARRIÉ HENDERSON COMMISSIONER DEPARTMENT OF ADMINISTRATION STATE OF INDIANA	STATE BUDGET AGENCY STATE OF INDIANA
CARRIÉ HENDERSON COMMISSIONER DEPARTMENT OF ADMINISTRATION STATE OF INDIANA	STATE BUDGET AGENCY STATE OF INDIANA
CARRIÉ HENDERSON COMMISSIONER DEPARTMENT OF ADMINISTRATION STATE OF INDIANA DATE: 12-31-51	STATE BUDGET AGENCY STATE OF INDIANA
CARRIÉ HENDERSON COMMISSIONER DEPARTMENT OF ADMINISTRATION STATE OF INDIANA DATE: 12-31-01 Approved as to Form and Legality:	STATE BUDGET AGENCY STATE OF INDIANA
CARRIÉ HENDERSON COMMISSIONER DEPARTMENT OF ADMINISTRATION STATE OF INDIANA DATE: 12-31-07 Approved as to Form and Legality:	STATE BUDGET AGENCY STATE OF INDIANA