

**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: A70-4-6349		2. Date prepared: 8/22/2006	
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>1</u>	
<input type="checkbox"/> MOU		<input type="checkbox"/> Renewal # _____	
<input type="checkbox"/> QPA _____		<input type="checkbox"/> Other _____	
FISCAL INFORMATION			
4. Account Number: 3610-10320.		5. Account Name: BIOTERRORISM PREPARE &	
6. Total amount this action: \$35,982.00		7. New contract total: \$35,982.00	
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>9,325.00</u> Year <u>2006</u> \$ <u>7,625.00</u> Year <u>2005</u> \$ <u>9,150.00</u> Year <u>2007</u> \$ <u>7,012.16</u>			
TIME PERIOD COVERED IN THIS EDS			
11. From (month, day, year): 10/15/2004		12. To (month, day, year): 10/14/2007	
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# _____ <input type="checkbox"/> Other (specify) _____			
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: n/a			
VENDOR INFORMATION			
23. Vendor ID # 0000069910			
24. Name: LINCOLN SQUARE PARTNERSHIP		25. Telephone #: 219-384-6721	
26. Address: 701 E 83RD AVE MERRILLVILLE, IN 46410			
27. E-mail address: n/a			
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: _____ % Women: _____ %	
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: _____ % Women: _____ %	
33. Is there Renewal Language in the document? <input checked="" type="checkbox"/> Yes <input 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.) Lease for 732 sq. ft. lease of office space located at 701 E. 83rd Street, Merrillville, In 46410 in Lake County. \$13.50/sq. ft for two \$823.50 per month, and \$9,882 annually, with 4 parking spaces.			
38. Justification of vendor selection and determination of price reasonableness: The square footage cost is commercially reasonable for the geographic area. EO-99-04-Does not meet criteria.			
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	