



## 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: A70-6-7421		2. Date prepared: 8/22/2006	
<b>3. CONTRACTS &amp; LEASES</b>			
<input checked="" type="checkbox"/> Professional/Personal Services		<input type="checkbox"/> Contract for procured Services	
<input type="checkbox"/> Grant		<input type="checkbox"/> Maintenance	
<input 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 # <u>          </u>	
<input type="checkbox"/> QPA <u>                    </u>		<input type="checkbox"/> Other <u>                    </u>	
<b>FISCAL INFORMATION</b>			
4. Account Number: 6330-10140.		5. Account Name: MINORITY EPIDEMIOLOGY	
6. Total amount this action: \$930,000.00		7. New contract total: \$930,000.00	
8. Revenue generated this action: \$0.00		9. Revenue generated total contract: \$0.00	
10. New total amount for each fiscal year : Year <u>2006</u> \$ <u>465,000.00</u> Year <u>          </u> \$ <u>          </u> Year <u>2007</u> \$ <u>465,000.00</u> Year <u>          </u> \$ <u>          </u>			
<b>TIME PERIOD COVERED IN THIS EDS</b>			
11. From (month, day, year): 7/1/2005		12. To ( month, day, year ): 6/30/2007	
13. Method of source selection: <input type="checkbox"/> Bid/Quotation <input type="checkbox"/> Emergency <input type="checkbox"/> Negotiated <input type="checkbox"/> RFP# <u>          </u> <input checked="" type="checkbox"/> Other (specify) <u>AUT BY LEG</u> <input type="checkbox"/> Special Procurement			
35. Will the attached document involve data processing or telecommunications systems(s)? <u>          </u> Yes: IOT or Delegate has signed off on contract			
36. Statutory Authority (Cite applicable Indiana or Federal Codes): HOUSE ENROLLED ACT NO. 1001, 2005			
37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.) Nature of Amendment: To add Attachment B			
38. Justification of vendor selection and determination of price reasonableness:  No other vendor has the community links and the infrastructure to fulfill the requirements of these types of studies. This vendor received a similar contract during the 2 previous years. It has thus demonstrated its ability to do the work. Price reasonableness was determined through negotiation.			
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

<b>AGENCY INFORMATION</b>	
14. Name of agency: Department of Health	15. Requisition Number:
16. Address: 2 N. Meridian Street  Indianapolis, IN 46204	
<b>AGENCY CONTACT INFORMATION</b>	
17. Name: Robert Teclaw	18. Telephone #: 317/233-7897
19. E-mail address: rteclaw@isdh.in.gov	
<b>COURIER INFORMATION</b>	
20. Name: Steve Martin	21. Telephone #: 317-233-7573
22. E-mail address: smartin@isdh.in.gov	
<b>VENDOR INFORMATION</b>	
23. Vendor ID # 0000012383	
24. Name: INDIANA MINORITY HEALTH COALIT	25. Telephone #: 317-926-4011
26. Address: 3737 NORTH MERIDIAN SUITE 303  INDIANAPOLIS, IN 46208	
27. E-mail address: njewell@imhc.org	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30. If yes, list the %: Minority: <u>100.0</u> % Women: <u>          </u> %
31. Sub Vendor: M/WBE Minority: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32. If yes, list the %: Minority: <u>99.0</u> % Women: <u>          </u> %
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No