



# EXECUTIVE DOCUMENT SUMMARY

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: | 2. Date prepared: |
|----------------|-------------------|

### 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 type="checkbox"/> Lease                          | <input type="checkbox"/> License Agreement              |
| <input type="checkbox"/> Attorney                       | <input type="checkbox"/> Amendment # _____              |
| <input type="checkbox"/> MOU                            | <input type="checkbox"/> Renewal # _____                |
| <input type="checkbox"/> QPA _____                      | <input type="checkbox"/> Other _____                    |

### FISCAL INFORMATION

|  |                                      |
|--|--------------------------------------|
| 4. Account Number:                         | 5. Account Name:                     |
| 6. Total amount this action:               | 7. New contract total:               |
| 8. Revenue generated this action:          | 9. Revenue generated total contract: |
| 10. New total amount for each fiscal year: |                                      |
| Year _____ \$ _____                        | Year _____ \$ _____                  |
| Year _____ \$ _____                        | Year _____ \$ _____                  |
| Year _____ \$ _____                        | Year _____ \$ _____                  |
| Year _____ \$ _____                        | Year _____ \$ _____                  |

### TIME PERIOD COVERED IN THIS EDS

|   |  |
|---|--|
| 11. From (month, day, year):  | 12. To (month, day, year):                   |
| 13. Method of source selection: <input type="checkbox"/> Negotiated |  |
| <input type="checkbox"/> Bid/Quotation                              | <input type="checkbox"/> Emergency           |
| <input type="checkbox"/> RFP # _____                                | <input type="checkbox"/> Special Procurement |
| <input type="checkbox"/> Other (specify) _____                      |  |

### AGENCY INFORMATION

|                     |                         |
|---------------------|-------------------------|
| 14. Name of agency: | 15. Requisition Number: |
| 16. Address:        |                         |

### AGENCY CONTACT INFORMATION

|                    |                  |
|--------------------|------------------|
| 17. Name:          | 18. Telephone #: |
| 19. E-mail address |                  |

### COURIER INFORMATION

|                     |                  |
|---------------------|------------------|
| 20. Name:           | 21. Telephone #: |
| 22. E-mail address: |                  |

### VENDOR INFORMATION

|   |                  |
|---|------------------|
| 23. Vendor ID Number:   |                  |
| 24. Name:   | 25. Telephone #: |
| 26. Address:  |                  |
| 27. E-mail address:   |                  |
| 28. Is the vendor registered with the Secretary of State? ( <i>Out of State Corporations, must be registered</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |

|   |   |
|---|---|
| 29. Primary Vendor: M/WBE/IN-Veteran<br>Minority: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Women: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>IN-Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No | 30. Primary Vendor Percentages:<br>_____% |
|---|---|

|   |  |
|---|--|
| 31. Sub Vendor: M/WBE/IN-Veteran<br>Minority: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Women: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>IN-Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No | 32. If yes, list the %:<br>Minority: _____%<br>Women: _____%<br>IN-Veteran: _____% |
|---|--|

|  |   |
|--|---|
| 33. Is there Renewal Language in the document?<br><input 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)?  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.*) N

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

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 |

|                     |   |
|---------------------|---|
| BOX #<br>1          | The EDS number is constructed by combining the agency identification number, the fiscal year, and the last section is assigned by your agency as a unique identifier. <b>MUST BE COMPLETED.</b>   |
| 2                   | Enter the date the EDS is being prepared for routing.   |
| 3                   | Place a check mark by the appropriate type of agreement being routed. If the agreement is a renewal or amendment please insert the sequence number ( <i>i.e. renewal #1, amendment #2</i> )   |
| 4 & 5               | Enter the account number and account name that will fund this agreement.  |
| 6                   | Enter the dollar amount of the agreement being routed.  |
| 7                   | Enter the total dollar amount of the entire agreement ( <i>i.e. original contract amount plus any renewals/amendments.</i> ).   |
| 8                   | <b>THIS ONLY APPLIES TO MONEY BEING RECEIVED BY THE STATE.</b> Enter the amount of money being received by the agency from this agreement.  |
| 9                   | Enter the total dollar amount of money being received by the State for the entire agreement ( <i>i.e. original contract amount plus any renewals/amendments.</i> ).   |
| 10                  | This box must be completed if a contract crosses fiscal years. Indicate the amount of funding for each appropriate fiscal year. Example: A contract starting in fiscal year 2001 and being completed in fiscal year 2002 would have 2001 with a dollar amount and 2002 with a dollar amount. Ensure that the dollar amounts listed in this box will be equal to the dollar amount for the entire agreement. |
| 11 & 12             | Enter the date the agreement will begin and end. If this date is determined by the date of the last signatory, enter an estimated date. <b>THERE MUST BE DATES ENTERED.</b>   |
| 13                  | Check the method used to select the contractor for this agreement. If a special procurement was used, you must attach an approval letter. If no solicitation occurred for contracts in the amount of \$75,000 and over, you must attach a letter of justification.  |
| 14 & 16             | Enter name and address of agency requesting contract.   |
| 15                  | Enter a requisition number <b>ONLY</b> if your agency is attaching a requisition to the contract during signature cycle.  |
| 17, 18,<br>& 19     | Enter the name, telephone number and e-mail address of the individual in your agency to contact with questions about the attached agreement.  |
| 20, 21,<br>& 22     | Enter the name, telephone number and e-mail address of the individual responsible for routing this agreement.   |
| 23                  | Enter the Vendor ID. <b>THIS AREA MUST BE FILLED IN TO PROCESS THE AGREEMENT.</b>   |
| 24, 25,<br>26, & 27 | Enter the name, telephone number, address and e-mail address of the contractor involved with the agreement. Enter the information necessary for your agency, only the name is vital for contract processing.  |
| 28                  | If your contractor is a corporation and the address is outside of the State of Indiana, they must be registered with the Secretary of State's office to do business with the State of Indiana. (IC 23-17-26 & IC 23-1-49-1 & IC 5-22-16-4)  |
| 29, 30<br>31 & 32   | Check "NO" unless a minority, women, or IN-Veteran owns 51% or more of a company. If 51% or more of the company is owned, a 100% should be entered in the percentage space. If a sub-contractor is minority, women, or IN-Veteran owned, the percentage of the dollar amount of the contract performed by the sub-contractor should be entered in the percentage space.                                     |
| 33 & 34             | Self-explanatory: Check the appropriate answer for each question.   |
| 35                  | Check this box if this agreement must be submitted to IOT for approval.   |
| 36                  | Cite applicable Indiana or Federal codes that apply to this agreement.  |
| 37                  | Insert a brief description of the work included in the agreement and why the state should spend the money.  |
| 38                  | Enter the manner of source selection. If a formal RFP were used merely, enter the RFP number. If no formal process were used, enter how your agency chose the vendor and how you determined the price offered to be reasonable.   |
| 39                  | If your agreement is being placed in the signature cycle more than 30 days after the agreement has started, enter an explanation as to why. ( <i>i.e. start date 7/1/01 put in to signature cycle on 8/5/01</i> )   |
| 40 & 41             | The agency fiscal officer should initial and date this box.   |