## Quantity Purchase Agreement With The State Of Indiana

Vendor CONCORDANCE HEALTH SOLUTIONS L

Remit to: 85 SHAFER PARK DRIVE

TIFFIN OH 44883

Requisition Nbr.: Medical supplies Effective Date: 10/24/2024 Expiration Date: 12/31/2026

000000000000000000088703

**Qty Purchase Agreement QPA Number** 

**Agency Number:** 

Facility: ASA-MMCAP Vendor ID: 0000289640

Vendor Telephone Nbr: Name Of Contact Pers:

Contact Email: FAX Number:

Name and Address of Vendor: CONCORDANCE HEALTH SOLUTIONS L

85 SHAFER PARK DRIVE TIFFIN OH 44883

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement.

Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

## Line Number Quantity

UNIT

## **Article and Description**

**Unit Price** 

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This is an award of a Quantity Purchase Agreement for MEDICAL SUPPLIES awarded under the Minnesota Multi-State Contracting Alliance for Pharmacy (MMCAP).

This QPA is being issued solely to provide a payment and tracking method for purchases being made by the State.

To access MMCAP catalogs and pricing, the purchasing entity must first be an approved MMCAP member. Membership applications can be obtained by contacting the IDOA Account Manager. Once approved as a member, purchasing entities may reach out to the vendor contact to get additional information on the products and prices available through the MMCAP contract.

It is recommended that the purchasing facility provide its MMCAP ID number in all communications to the vendor when seeking quotes or product offerings to ensure applicable Discounts are included in the quote.

Concordance Healthcare Solutions Contact Information: Nestor Porres (317) 605-1497 | NPorres@concordancehs.com Vince Contini, (614) 795-3580 | vcontini@concordancehs.com

The following UN/CEFACT Unit of Measure Common Codes are used in this document:

Signature of Purchasing Officer		Typed Name	Signature Of Approval Office Of the State Attorney General	
		Date Signed	Typed Name	Date Signed
Authorized Signature Indiana Department Of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis, Indiana 46204 Telephone: (317) 232-3150				