	Quantity Purchase Agreement With The State Of Indiana	t Qty Purchase Agreement QPA Number 00000000000000000088703		Page 1 of 1
		Requisition Nbr.:	Medical supplies	
Vendor	CONCORDANCE HEALTH SOLUTIONS L	Effective Date:	10/24/2024	
Remit to:	85 SHAFER PARK DRIVE	Expiration Date:	05/02/2025	
	TIFFIN OH 44883	Agency Number:		
		Facility:	ASA-MMCAP	
		Vendor ID:	0000289640	
		Vendor Telephone N	br:	
Name and	CONCORDANCE HEALTH SOLUTIONS L	Name Of Contact Pers:		
Address		Contact Email:		
of Vendor:	85 SHAFER PARK DRIVE	FAX Number:		
	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

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: Vince Contini, State Account Manager (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
Procur 402 We Indiana	a Department Of Administration ement Division est Washington Street, Rm W468 apolis, Indiana 46204 one: (317) 232-3150		