

20257

JUN 20 2014



## EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-09)

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.

Received

JUN 19 2014

POA Contracts

1. EDS Number: A70-4-108077		2. Date prepared: 4/30/2014	
3. CONTRACTS & LEASES			
<input type="checkbox"/> Professional/Personal Services <input checked="" type="checkbox"/> Grant <input type="checkbox"/> Lease <input type="checkbox"/> Attorney <input type="checkbox"/> MOU <input type="checkbox"/> QPA		<input type="checkbox"/> Contract for procured Services <input type="checkbox"/> Maintenance <input type="checkbox"/> License Agreement <input checked="" type="checkbox"/> Amendment# <u>1</u> <input type="checkbox"/> Renewal # <input type="checkbox"/> Other	
FISCAL INFORMATION			
4. Account Number: 61910-94000.573100		5. Account Name: ISDH DHHS Fund	
6. Total amount this action: \$1,740.00		7. New contract total: 22,840.00	
8. Revenue generated this action: \$0.00		9. Revenue generated total contract: \$0.00	
10. New total amount for each fiscal year:			
Year 2014 \$22,840.00			
Year \$			
Year \$			
Year \$			
TIME PERIOD COVERED IN THIS EDS			
11. From (month, day, year): 8/15/2013		12. To (month, day, year): 8/14/2014	
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: 0000025667			
16. Address: 2 N. Meridian Street Indianapolis, IN 46204			
AGENCY CONTACT INFORMATION			
17. Name: Meredith Upchurch		18. Telephone #: 317/234-7252	
19. E-mail address: mupchurch@isdh.in.gov			
COURIER INFORMATION			
20. Name: Rebecca Chauhan		21. Telephone #: 317-233-7558	
22. E-mail address: rchauhan1@isdh.in.gov			
VENDOR INFORMATION			
23. Vendor ID # 0000076833			
24. Name: CATHOLIC CHARITIES/DIOCESE OF FT WAYNE-S		25. Telephone #: 260-422-5625	
26. Address: CATHOLIC CHARITIES OF THE PO BOX 10630 FORT WAYNE, IN 46853			
27. E-mail address: gwhtcraft@ccfwsb.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/IN-Veteran		30. Primary Vendor Percentages	
Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		100.0 %	
Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
IN-Veteran: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
31. Sub Vendor: M/WBE/IN-Veteran		32. If yes, list the %:	
Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Minority: %	
Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Women: %	
IN-Veteran: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		IN-Veteran: %	
33. Is there Renewal Language in the document?		34. Is there a "Termination for Convenience" clause in the document?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" 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): PL 96-212, IC 12-15-2.5, IC 12-15-2.5-1			
37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.) ISDH receives federal Refugee Preventative Health funds to achieve the goal of providing domestic refugee health screenings within the first 90 days of US arrival, by providing interpretation, translation, transportation, and education. Grant supports successful completion of program-critical activities for the Refugee Health Program. Grant ensures: pregnant refugee women obtain & attend medical appointments, & understand the health information & recommendations given by their medical providers, all refugee children in Indiana receive needed 'catch up' immunizations, refugee parents are educated about proper nutrition for themselves & their children, all refugees with a desire to quit smoking are able to discuss concerns & treatment options with their medical providers. Amendment #1 adds \$1,740 from carry over and other unobligated funds for transportation			
38. Justification of vendor selection and determination of price reasonableness: Catholic Charities Diocese of Fort Wayne-South Bend has an existing refugee resettlement program, and as part of that program, this grant assists in providing services to refugees in this program. Catholic Charities Diocese of Fort Wayne-South Bend is the only refugee resettlement agency in Fort Wayne/Allen County service area. ISDH has a historical relationship with the vendor for the services provided, and the grant award was determined based on previous year's grant amounts			
39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)			
OAG-ADVISORY			
40. Agency fiscal officer or representative approval <i>Joseph J. Estlund</i>		41. Date Approved 6/19/14	
44. Attorney General's Office approval <i>CW</i>		45. Date Approved 7/7/14	
42. Budget agency approval <i>[Signature]</i>		43. Date Approved 6/26/14	
46. Agency representative receiving from AG <i>[Signature]</i>		47. Date Approved	

73161-001

# REQUISITION

Ship To: State Department of Health  
Section 2-C  
2 N MERIDIAN ST  
INDIANAPOLIS IN 46204

Requisition No.	Date	Required Date	Page
0000025667	06/04/2014		1 of 1
Fund/Account:	61910 / 573100		
Dept Number:	195106		
Project Number:	40093576HPR0014		
Requisition Number:	0000025667		
Requestor:	GALLEN Allen, Gary-400		
Agency Number:	00400 Department of Health		
Facility:			

Bill to: State Department of Health  
Section 2-C  
2 N MERIDIAN ST  
INDIANAPOLIS IN 46204

**MUST COMPLETE FOR ICPR**

☐ Print REQ  
☐ Streamline Eligible

Line	Item	Description	Quantity	UOM	Unit Price	Ext Amt
1-1		ISDH receives federal Refugee Preventative Health funds to achieve the goal of providing domestic refugee health screenings within the first 90 days of US arrival, by providing interpretation, translation, transportation, and education. Grant supports successful completion of program-critical activities for the Refugee Health Program. Grant ensures: pregnant refugee women obtain & attend medical appointments, & understand the health information & recommendations given by their medical providers, all refugee children in Indiana receive needed 'catch up' immunizations, refugee parents are educated about proper nutrition for themselves & their children, all refugees with a desire to quit smoking are able to discuss concerns & treatment options with their medical providers. Amendment #1 adds \$1,740 from carry over and other unobligated funds for transportation. Amend #1 EDS# A70-4-106077, 8/15/13-8/14/14	1.0000	LO	1,740.0000	1,740.00

Vendor: 0000076833 CATHOLIC CHARITIES/DIOCESE OF FT WAYNE-S

<< PLEASE SEE ATTACHED CONTRACT  
CONTRACT DATE 8/15/13-8/14/14  
CONTRACT AMOUNT \$1,740.00

EXISTING PURCHASE ORDER # 14527871 >>

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

**Requisition Total \$ 1,740.00**

Requestor Signature	I certify that the item[s] requested is [are] necessary for the operation of this State Agency.	
	Printed Name of Agency Head or Authorized Employee	Authorized Signature

RCB 5/28/14

61910-573100-4003610141300  
HPR 778-1

**Amendment No. 1  
EDS Number A70-4-106077**

This is an Amendment to the existing **Health Program for Refugees Grant Agreement** entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **Catholic Charities Diocese of Fort Wayne-South Bend Inc** (hereinafter referred to as the "Grantee") for the period from **August 15, 2013** through **August 14, 2014**, in the amount of **\$21,100**.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

The amount of the Grant Agreement is being increased by **\$1,740** making the new total of the Grant Agreement **\$22,840**. The additional funds will be used to **cover transportation costs**. See Attachments A-1, B-1, and C-1, attached hereto, which replaces Attachments A, B, and C, made a part hereof, and incorporated herein by reference as a part of this Grant Agreement.

All other matters previously agreed to and set forth in the original Grant Agreement and not affected by this Amendment shall remain in full force and effect.


**Non-Collusion and Acceptance**

The undersigned attests, subject to the penalties of perjury, that he/she is the Grantee, or that he/she is the properly authorized representative, agent, member or officer of the Grantee, that he/she has not, nor has any other member, employee, representative, agent or officer of the Grantee, directly or indirectly, to the best of his/her knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid any sum of money or other consideration for the execution of this Grant Agreement other than that which appears upon the face hereof.

**The rest of this page has been left blank intentionally.**

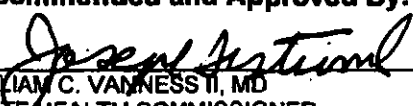
In Witness Whereof, the Grantee and the State of Indiana have, through duly authorized representatives, entered into this Grant Agreement Amendment. The parties having read and understanding the foregoing terms of the Grant Agreement Amendment do by their respective signatures dated below agree to the terms thereof.

**Accepted By:**

  
GLORIA WHITCRAFT  
EXECUTIVE DIRECTOR  
CATHOLIC CHARITIES DIOCESE OF FORT  
WAYNE-SOUTH BEND INC

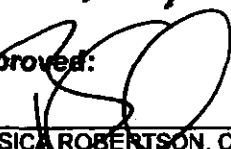
DATE: 5-30-14

**Recommended and Approved By:**

  
WILLIAM C. VANNES II, MD (for)  
STATE HEALTH COMMISSIONER  
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 6/19/14

**Approved:**

  
JESSICA ROBERTSON, COMMISSIONER (for)  
DEPARTMENT OF ADMINISTRATION  
STATE OF INDIANA

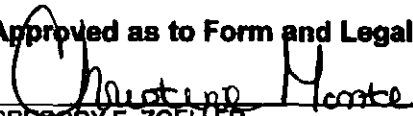
DATE: 6/18/14

**Approved:**

  
BRIAN E. BAILEY, DIRECTOR (for)  
STATE BUDGET AGENCY  
STATE OF INDIANA

DATE: 6/20/14

**Approved as to Form and Legality:**

  
GREGORY F. ZOELLER (for)  
ATTORNEY GENERAL OF INDIANA

DATE: 7/7/14

Grantee: Catholic Charities Diocese of Fort Wayne-South Bend, IN  
EDS Number: A70-4-106077  
Grant Agreement Period: 08/15/2013-08/14/2014

## **ATTACHMENT A-1**

### **Refugee Preventative Health Services Grant Agreement**

The term "refugee" hereby includes all persons eligible for refugee benefits, which includes, but is not limited to, primary refugees, asylees, parolees, and some secondary refugees.

1. The Grantee agrees to abide by the written operational guidelines, policies, and procedures established by the State Project Director which are hereby incorporated by reference.
2. The services provided through this Grant Agreement will be in accordance with the objectives and methods of the Refugee Health Program, which are hereby incorporated by reference and include, but are not limited to, providing health and healthcare education and service coordination for refugees.

Healthcare service coordination will include:

- A. Providing transportation and translation for:
  - a. Initial domestic health screenings and needed follow-up appointments
  - b. Immunization appointments
  - c. Primary and specialty care appointments
- B. Providing assistance with:
  - a. Locating appropriate healthcare providers
  - b. Setting appointments with healthcare providers
  - c. Reminding refugees of upcoming healthcare appointments
  - d. Arranging third-party transportation services for healthcare appointments

Health and healthcare education will be provided on, but is not limited to, the following topics:

- A. U.S. healthcare system orientation
- B. How to access healthcare services (including how to schedule healthcare appointments, arranging/navigating transportation services, etc.)
- C. Understanding health care benefits and insurance
- D. Medication adherence and safety
- E. Nutrition and food safety

3. The Grantee agrees to provide training for any new staff member supported under this Grant Agreement. The scheduling and supervision of any such position shall be the responsibility of the Grantee.
4. The Grantee agrees to notify the State Project Director of any program staff changes within ten (10) working days.
5. The Grantee agrees to notify the State Project Director of all secondary refugees served by the Grantee.
6. The Grantee agrees to provide the State Project Director with a copy of all completed Medical Anomaly forms within twenty-four (24) hours of submission to national agencies.

Grantee: Catholic Charities Diocese of Fort Wayne-South Bend, IN  
EDS Number: A70-4-106077  
Grant Agreement Period: 08/15/2013-08/14/2014

7. The Grantee is expected to exhaust all grant funds by the end of the Grant Agreement period.
8. The Grantee agrees to return all telephone call and written correspondence within two (2) working days.
9. The Grantee agrees to enter all refugee information into the Immigrant TB and All Refugee Application (ITARA) database within twenty-four (24) hours of services provided.
10. The Grantee agrees that to utilize all program materials developed for this project (including paper and electronic formats) in a manner consistent with written program guidelines.
11. The Grantee shall comply with quality assurance review procedures and agrees to immediately address and correct areas of concern identified. Failure to improve areas of concern identified may result in the reduction or discontinuation of funding for the project.
12. The Grantee agrees to submit regular quality assurance reports and program information as requested by the State Project Director. The number of refugees served by the Grantee within the reporting period is to be accurately reflected in this report. Monthly reports are due 10 days after the end of each month. Quarterly reporting periods and report due dates are as follows:

Reporting Period	Report Due Date
15 August 2013 – 14 November 2013	01 December 2013
15 November 2013 – 14 February 2014	01 March 2014
15 February 2014 – 14 May 2014	01 June 2014
15 May 2014 – 14 August 2014	01 September 2014

13. The Grantee agrees to submit invoices on a monthly basis, which shall be accompanied by detailed written documentation of actual expenditures for all claimed items/expenses. Staff supported under this Grant Agreement shall be named on the itemized budget submitted with all monthly invoices.

Grantee: Catholic Charities Diocese of Fort Wayne – South Bend, IN  
EDS Number: A70-4-106077  
Grant Agreement Period: 08/15/2013 – 08/14/2014

#### **ATTACHMENT B-1**

##### **Refugee Preventative Health Services Budget**

The Grantee's expected budget for the project includes the following:

Personnel	\$ 16,600	Supplies	\$ 0
Fringe	\$ 2,105	Contractual	\$ 0
In-State Travel	\$ 220	Other	\$ 3,915
Equipment	\$ 0	<b>TOTAL</b>	<b>\$ 22,840</b>

Personnel: Health Navigator position support (\$12.50/hour x 1328 hours)

Fringe: FICA (\$1,270)  
Workers Comp (\$835)

In-State Travel: Mileage (\$0.44/mile x 500 miles)

Other: Including but not limited to client transportation (vehicle  
lease/operations \$3,258 & bus/taxi fare \$657)

**Attachment C-1**  
**C.F.D.A. Title: Refugee Preventative Health Discretionary Grant Program**  
**EDS: A70-4-106077**

**Federal Agency: Department of Health & Human Services, Administration for Children & Families, Office of Refugee Resettlement-Discretionary**

**C.F.D.A. Number: 93.576**

**Document ID Number: 90RX021902**

**Award Name: Refugee Preventative Health Discretionary Grant Program**

**Award Year: FFY 2014**

**1. Incorporation**

This award is based on the application, as approved, the Indiana State Department of Health (ISDH) submitted to the **Department of Health & Human Services, Administration for Children & Families, Office of Refugee Resettlement-Discretionary** relating to the program and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation by statutory authority as provided by PL 96-212 and all other referenced codes and regulations.
- b. 45 CFR Part 74, 45 CFR Part 92, or 45 CFR Part 96, as applicable.
- c. The HHS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period. (Parts I through III of the HHS GPS are currently available at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>.)

The Contractor or Grantee (as defined in the Contract or Grant Agreement) must comply with all terms and conditions outlined in the grant award, including grant policy terms and conditions contained in applicable Grant Policy Statements; requirements imposed by program statutes and regulations and grant administration regulations, as applicable; and any regulations or limitations in any applicable appropriations acts.

**2. Anti-kickback Statute**

The Contractor or Grantee is subject to the anti-kickback statute and should be cognizant of the risk of criminal and administrative liability under this statute, 42 U.S.C. § 1320a-7b(b).

**3. Victims of Trafficking and Violence Protection Act**

The Contractor or Grantee is subject to the requirements of Section 106(g) of the Victims of Trafficking and Violence Protection Act of 2000, as amended (22 U.S.C. § 7104).

**4. Accessibility of Services**

Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. Recipients must comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d *et seq.*), Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 *et seq.*), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 701), the Age Discrimination Act of 1975 (42 U.S.C. § 6101 *et seq.*), and any provisions required by the implementing regulations of the Federal Agency providing the funds. Resources are available at <http://www.justice.gov/crt/about/cor/coord/titlevi.php>.

Executive Order 13166 requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency have meaningful access to services. Resources are available at <http://www.lep.gov/13166/eo13166.html>.



**Attachment C-1**  
**C.F.D.A. Title: Refugee Preventative Health Discretionary Grant Program**  
**EDS: A70-4-106077**

**5. Federal Information Security Management Act (FISMA):**

The Contractor or Grantee must protect all information systems, electronic or hard copy which contain federal data from unauthorized access. Congress and the Office of Management and Budget (OMB) have instituted laws, policies, and directives that govern the creation and implementation of federal information security practices that pertain specifically to grants and contracts. Resources are available at <http://csrc.nist.gov/groups/SMA/fisma/index.html>.

**6. Registration Requirements**

The Contractor or Grantee must register in the System for Award Management (SAM) and maintain the registration with current information. Additional information about registration procedures may be found at [www.sam.gov](http://www.sam.gov). The entity must maintain the accuracy and currency of its information in SAM at all times during which the entity has an active award unless the entity is exempt from this requirement under 2 CFR 25.110. Additionally, the entity must review and update the information at least annually after the initial registration.

**7. Non-Delinquency on Federal Debt**

Contractor or Grantee is subject to the Federal Debt Collection Procedures Act of 1990, 28 U.S.C. § 3201(e), which imposes restrictions on the transfer of federal funds to persons or entities owing a debt to the United States.

**8. Federal Funds Disclosure Requirements:**

Any of the entity's statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs supported in whole or in part by federal funds must state a) the percentage of the total costs of the program or project with federal financing; b) the amount of federal funds for the project or program; and c) the percentage and dollar amount of the total costs of the project or program financed by nongovernmental sources. "Nongovernmental sources" means sources other than state and local governments and federally recognized Indian tribes.

Publications, journal articles, etc. produced under a grant support project must bear an acknowledgment and disclaimer, as appropriate, for example:

*This publication (journal article, etc.) was supported by the 90RX021902 from Department of Health & Human Services, Administration for Children & Families, Office of Refugee Resettlement-Discretionary. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department of Health & Human Services, Administration for Children & Families, Office of Refugee Resettlement-Discretionary.*

**9. Equipment and Products:**

To the greatest extent practicable, all equipment and products purchased with federal funds should be American-made. 45 CFR 92 defines equipment as tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit.

The grantee may use its own property management standards and procedures provided it observes provisions of the relevant sections in the Office of Management and Budget (OMB) Circular A-110 and 45 CFR Part 92.

**Attachment C-1**  
**C.F.D.A. Title: Refugee Preventative Health Discretionary Grant Program**  
**EDS: A70-4-106077**

**10. Federal Funding Accountability and Transparency Act (FFATA):**

In order for ISDH to comply with federal reporting requirements, Contractor or Grantee must complete, in its entirety, the attached form, titled Transparency Reporting Subawardee Questionnaire. If the pre-populated information in the form regarding Contractor or Grantee is incorrect, Contractor or Grantee should strike the incorrect information and enter the correct information. ISDH will not execute this agreement until Contractor or Grantee completes the form in its entirety.

**11. Federal Lobbying Requirements:**

- A. The Contractor certifies that to the best of its knowledge and belief that no federal appropriated funds have been paid or will be paid, by or on behalf of the Contractor, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan or cooperative agreement.
- B. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal Contract, contract, loan, or cooperative agreement, the Contractor shall complete and submit "Disclosure Form to Report Lobbying" in accordance with its instructions.
- C. The Contractor shall require that the language of subparagraphs A) and B) be included in the language of all subcontracts and that all subcontractors shall certify and disclose accordingly.

For more information, please contact the ISDH Office of Grants Management.