

20421  
AUG 13 2014

## EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-06)

Instructions for completing the EDS and the contract are on the back of this form.

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.

AUG 14 ENT'D  
IDOA Contracts

1. EDS Number: A70-4-070527	2. Date prepared: 6/27/2014
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## 3. CONTRACTS &amp; LEASES

<input type="checkbox"/> Professional/Personal Services	<input type="checkbox"/> Contract for procured Services
<input checked="" 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	<input type="checkbox"/> Other <u>          </u>

## FISCAL INFORMATION

4. Account Number: 61900-30700.573100	5. Account Name: ISDH DOAg Fund
6. Total amount this action: \$9,370.26	7. New contract total: 158,013.32
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year <u>2014</u>	<u>\$148,643.06</u>
Year <u>2015</u>	<u>\$9,370.26</u>
Year <u>          </u>	<u>\$          </u>
Year <u>          </u>	<u>\$          </u>

## TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year): 10/1/2013	12. To (month, day, year): 9/30/2014
13. Method of source selection:	
<input type="checkbox"/> Bid/Quotation	<input type="checkbox"/> Emergency
<input checked="" type="checkbox"/> RFP# <u>12-50</u>	<input type="checkbox"/> Other (specify) <u>          </u>
<input type="checkbox"/> Negotiated	<input type="checkbox"/> Special Procurement

35. Will the attached document involve data processing or telecommunications systems(s)?            Yes: IOT or Delegate has signed off on contract36. Statutory Authority (Cite applicable Indiana or Federal Codes):  
42 U.S.C. 178637. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.)  
Contract is being amended to provide personnel, fringe, nutrition education activities, outreach activities, travel and other miscellaneous needs for the agency.38. Justification of vendor selection and determination of price reasonableness:  
This entity was awarded the contract through the State procurement bid process, RFP #12-50. Budgets were negotiated by ISDH and the vendor in order to implement cost containment measures. Funding for staffing is allocated based on participant caseload and funding for supplies is based on a flat rate per participant.

39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)

40. Agency fiscal officer or representative approval <i>Josef J. J. J.</i>	41. Date Approved 8/13/14	42. Budget agency approval <i>J. J.</i>	43. Date Approved 8/19/14
44. Attorney General's Office approval NMS	45. Date Approved 8.27.14	46. Agency representative receiving from AG	47. Date Approved



73983-001

## REQUISITION

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

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

Requisition No.	Date	Required Date	Page
0000026201	07/28/2014		1 of 1
Fund/Account:	61900 / 571300		
Dept Number:	195070		
Project Number:	40010557WICAD14		
Requisition Number:	0000026201		
Requestor:	T302207	Tammy Shields - 0040	
Agency Number:	00400	Department of Health	
Facility:			

### MUST COMPLETE FOR ICPR

☐ Print REQ  
☐ Streamline Eligible

Line	Item	Description	Quantity	UOM	Unit Price	Ext Amt
1-1		Contract is being amended to provide personnel, fringe, nutrition education activities, outreach activities, travel and other miscellaneous needs for the agency. AMEND# 1 EDS# A70-4-070527 10/1/13 - 9/30/14	1.0000	LO	9,370.2600	9,370.26

Vendor: 0000077854 INTERLOCAL C A P INC

<<PLEASE SEE ATTACHED CONTRACT  
CONTRACT DATE 10/1/13 - 9/30/14  
CONTRACT AMOUNT \$9,370.26

AMEND EXISTING PO14533480>>

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

**Requisition Total \$ 9,370.26**

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

61900-573100-40010557WICAD14  
WIC

**Amendment No. 1**  
**EDS Number A70-4-070527**

This is an Amendment to the existing **U.S.D.A. WIC** Grant Agreement entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **Interlocal Community Action Program Inc.** (hereinafter referred to as the "Grantee") for the period from **October 1, 2013** through **September 30, 2014**, in the amount of **\$148,643.06**.

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 **\$9,370.26** making the new total of the Grant Agreement **\$158,013.32**. The additional funds will be used **to provide personnel, fringe, nutrition education activities, outreach activities, travel and other miscellaneous needs for the agency**. See Attachment B-1, attached hereto, which replaces Attachment B, 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.

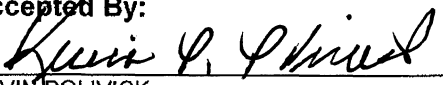
**Non-Collusion and Acceptance**

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.**

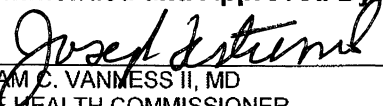
In Witness Whereof, the Grantee and the State of Indiana have, through duly authorized representatives, entered into this Grant Agreement Amendment. The parties having read and understanding the foregoing terms of the Grant Agreement Amendment do by their respective signatures dated below agree to the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

Accepted By:

  
\_\_\_\_\_  
KEVIN POLIVICK  
EXECUTIVE DIRECTOR  
INTERLOCAL COMMUNITY ACTION PROGRAM  
INC.

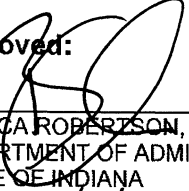
DATE: July 31, 2014

Recommended and Approved By:

  
\_\_\_\_\_  
(for)  
WILLIAM C. VANNESS II, MD  
STATE HEALTH COMMISSIONER  
INDIANA STATE DEPARTMENT OF HEALTH

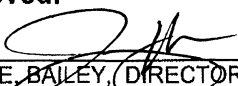
DATE: 8/13/14

Approved:

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


DATE: 8/15/14

Approved:

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

DATE: 8/19/14

Approved as to Form and Legality:

  
\_\_\_\_\_  
(for)  
GREGORY F. ZOELLER  
ATTORNEY GENERAL OF INDIANA

DATE: 8.28.14

**Attachment B1 - Budget Summary**



**Indiana State  
Department of Health**



**Local Agency Budget**

Name of Organization:	Interlocal Community Action Program		
Employer ID Number (EIN)	35-1116629		
Breastfeeding Region	Delaware	Federal Fiscal Year	2014

Address:	PO Box 449		
City:	New Castle	State:	Indiana
		Zip:	47362

Phone:	(765) 529-4403	Fax:	765-593-5210
Website:	www.icapcaa.org		

Name of Chief Executive:	Kevin Polivick		
Title:	Executive Director	Phone:	765-529-4403
Email:	kpolivick@icapcaa.org		

Name of Program Contact:	Cyndi Leedy		
Title:	WIC Coordinator	Phone:	
Email:	inwic1101@icapcaa.org		

Clinic Operation Caseload	1184	Breastfeeding Promotion Caseload	158
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<b>WIC Nutrition Services &amp; Admin (NSA) Total Costs:</b>	<b>\$ 158,013.32</b>
<b>Breastfeeding Promotion Costs:</b>	<b>\$ 3,309.07</b>
Personnel - Salary:	\$ 2,866.50
Personnel - Fringe:	\$ 305.29
Travel:	\$ 137.28
<b>Clinic Operations Costs:</b>	<b>\$ 154,704.25</b>
Personnel - Salary:	\$ 103,436.89
Personnel - Fringe:	\$ 32,233.04
Travel - Clinic Services:	\$ 374.00
Travel - Nutrition Education:	\$ 2,332.00
Supplies:	\$ 3,700.96
Communication:	\$ 2,747.36
Contract Services:	\$ 1,480.00
Space Costs:	\$ 8,400.00

## Transparency Reporting Subawardee Questionnaire

(DUNS number must be listed otherwise a delay will occur in the contract signatory process)

EDS Number	A70-4-070527
Grant Name	U.S.D.A. WIC
Grant Award Number	
ISDH Program Investigator/Director	Alex Tulkop
Subawardee Name	Interlocal Community Action Program Inc.
Address	615 State Road 38 West P. O. Box 449 New Castle, IN 47362-0449
Subawardee DUNS Number <b>MUST BE COMPLETED</b>	040299364
Sub Award Total	\$158,013
Sub Project Manager	

Organization is defined as the legal entity to which this grant is awarded, represented by the above-referenced DUNS number.

Criteria	Yes/No
1 In your organization's preceding completed fiscal year, did your organization receive <b>80%</b> or more of your annual gross revenue in US federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?	YES
2 In your organization's preceding completed fiscal year, did your organization receive <b>\$25,000,000</b> or more in annual gross revenues from US federal contracts, subcontracts, loans, grants, subcontracts, and/or cooperative agreements?	NO

If you answered **YES** to **BOTH** Criteria 1 and 2...

3 Does your organization provide Total Compensation and Names of the top five (5) executives of your organization to the SEC through existing reporting mechanisms?	
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Only if you answered **YES** to **BOTH** Criteria 1 and 2 **AND NO** to Criteria 3 please provide Total Compensation and Names of the top five (5) executives of your organization below

	Executive Name and Title	Total Compensation
1		
2		
3		
4		
5		

Completed By: WENDY PADGETT Date: 8-7-2014  
 Title: FISCAL OFFICER E-mail Address: WPADGETT@ICAPLAA.ORG

DUNS number must be verified and complete before submitting this form.

IN State Department of Health  
Office of Grants Management