

AUG 13 2014

20396
JLC

EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-04)

Received

Instructions for completing the EDS and the Contract process.

- AUG 15 ENT'D
DOA Contracts
p/B
ML
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: A70-4-070563	2. Date prepared: 8/30/2014
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: 61800-30700.583110	5. Account Name: ISDH DOAg Fund
6. Total amount this action: \$267,828.80	7. New contract total: 4,502,071.98
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year 2014	\$4,234,243.18
Year 2015	\$267,828.80
Year	\$
Year	\$
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 type="checkbox"/> Negotiated <input checked="" type="checkbox"/> RFP# 12-50 <input type="checkbox"/> Other (specify) <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 contract	
36. Statutory Authority (Cite applicable Indiana or Federal Codes): 42 U.S.C. 1786	
37. 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>[Signature]</i>	41. Date Approved 8/20/14
44. Attorney General's Office approval <i>[Signature]</i>	45. Date Approved 8/26/14

AGENCY INFORMATION	
14. Name of agency: Department of Health	15. Requisition Number: 0000026231
16. Address: 2 N. Meridian Street Indianapolis, IN 46204	
AGENCY CONTACT INFORMATION	
17. Name: Alex Tulkop	18. Telephone #: 317/233-7458
19. E-mail address: atulkop1@isdh.in.gov	
COURIER INFORMATION	
20. Name: Michael P. Mendyk	21. Telephone #: 317-233-7853
22. E-mail address: mmendyk@isdh.in.gov	
VENDOR INFORMATION	
23. Vendor ID #: 0000003310	
24. Name: HEALTH & HOSPITAL CORP OF MARION COUNTY	25. Telephone #: (317) 221-2050
26. Address: 3838 N RURAL ST INDIANAPOLIS, IN 46205	
27. E-mail address: mgutwein@hhcorp.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 Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IN-Veteran: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30. Primary Vendor Percentages 100.0 %
31. Sub Vendor: M/WBE/IN-Veteran Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IN-Veteran: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32. If yes, list the %: Minority: _____ % Women: _____ % IN-Veteran: _____ %
33. Is there Renewal Language in the document? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Is there a "Termination for Convenience" clause in the document? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

RECEIVED

AUG 20 2014

OAG-ADVISORY

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. 0000026131	Date 07/22/2014	Required Date	Page 1 of 1
Fund/Account: 61900 / 573100			
Dept Number: 195070			
Project Number: 40010557WICAD14			
Requisition Number: 0000026131			
Requestor: GALLEN Allen, Gary-400			
Agency Number: 00400 Department of Health			
Facility:			

MUST COMPLETE FOR ICPR

☐ Print REQ
☐ Streamline Eligible

Line	Item	Description	Quantity	UOM	Unit Price	Ext Amt
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.						
1-1		Amend #1 A70-4-070563, 10/1/13-9/30/14	1.0000	LO	267,828.8000	267,828.80

Vendor: 0000003310 HEALTH & HOSPITAL CORP OF MARION COUNTY

<< PLEASE SEE ATTACHED CONTRACT
CONTRACT DATE 10/1/13-9/30/14
CONTRACT AMOUNT \$267,828.80

EXISTING PURCHASE ORDER # 14537138 >>

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

Requisition Total \$ 267,828.80

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

SP

**Amendment No. 1
EDS Number A70-4-070563 (WIC)**

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 **The Health and Hospital Corporation of Marion County** (hereinafter referred to as the "Grantee") for the period from **October 1, 2013** through **September 30, 2014**, in the amount of **\$4,234,24318**.

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 **\$267,828.80** making the new total of the Grant Agreement **\$4,502,071.98**. The additional funds will be used to **support personnel, fringe, nutrition education activities, outreach activities, travel, other needs for Marion County**. See Attachment B1, 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:

Matthew Gutwein

MATTHEW GUTWEIN
PRESIDENT/CEO
THE HEALTH AND HOSPITAL CORPORATION OF
MARION COUNTY

DATE: 8-5-14

Accepted By:

Virginia A. Caine MD
VIRGINIA CAINE, M.D.
MEDICAL DIRECTOR

DATE: 08/05/14

Recommended and Approved By:

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

DATE: 8/8/14

Approved:

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

DATE: 8/18/14

Approved:

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

DATE: 8/19/14

Approved as to Form and Legality:

Gregory F. Zoeller (for)
GREGORY F. ZOELLER
ATTORNEY GENERAL OF INDIANA

DATE: 8/26/14

Attachment B1 - Budget Summary



**Indiana State
Department of Health**



Local Agency Budget

Name of Organization:	Health & Hospital Corp of Marion County		
Employer ID Number (EIN)			
Breastfeeding Region	Marion	Federal Fiscal Year	2014

Address:	3838 North Rural Street		
City:	Indianapolis	State:	Indiana
		Zip:	46205

Phone:	(317) 221-2009	Fax:	(317) 221-2020
Website:			

Name of Chief Executive:	Matthew R. Gutwein		
Title:	President/CEO	Phone:	317-221-2050
Email:	mgutwein@hhcorp.org		

Name of WIC Coordinator:	Sarah DeFelice		
Title:	WIC Coordinator	Phone:	317-221-3034
Email:	SDeFelice@MarionHealth.org		

Clinic Operation Caseload	31951	Breastfeeding Promotion Caseload	4349
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WIC Nutrition Services & Admin (NSA) Total Costs:	\$	4,502,071.98
Breastfeeding Promotion Costs:	\$	142,177.12
Personnel - Salary:	\$	92,589.12
Personnel - Fringe:	\$	36,588.00
Travel:	\$	-
Supplies:	\$	13,000.00
Clinic Operations Costs:	\$	4,359,894.86
Personnel - Salary:	\$	2,795,326.40
Personnel - Fringe:	\$	1,106,436.00
Travel - Clinic Services:	\$	34,783.20
Travel - Nutrition Education:	\$	2,605.00
Supplies:	\$	177,135.94
Communication:	\$	6,090.00
Contract Services:	\$	117,700.00
Space Costs:	\$	119,818.32