

19984

MAR 28 2014



EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-06)

Instructions for completing the EDS and the Contract process.

Received

APR 02 REC'D

DOA Contracts

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.

5p3

PS

1. EDS Number: A70-4-070550		2. Date prepared: 3/10/2014	
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: 61900-94000.573100		5. Account Name: ISDH DOAg Fund	
6. Total amount this action: \$6,400.00		7. New contract total: 29,626.00	
8. Revenue generated this action: \$0.00		9. Revenue generated total contract: \$0.00	
10. New total amount for each fiscal year:			
Year 2014 \$29,626.00			
Year \$			
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 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)			
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): IC 16-19-3-24.5			
37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.) Original grants effective 10/01/2013 were initiated with budget amounts based on the previous year's federal grant award. Subsequently Indiana received its 2014 federal fiscal year grant award which was higher than the previous year. Therefore, additional funds are being added to the sub-grantee agreements. This amendment adds \$6,400.00 bringing the new grant award to \$29,626.00			
38. Justification of vendor selection and determination of price reasonableness: The State contracts with local receiving agencies to administer the Indiana TEFAP Program pursuant to statutory authority IC 16-19-3-24.5 and Public Law 107-171. The award is determined by a formula based on 60% of the population living at 185% poverty and 40% of the population that are unemployed. Current Grantees include all food banks participating in the Indiana TEFAP program. Each has a pre-determined regional area in the state that they serve. Current Grantee has historically provided these services. Grantee has the expertise and staff to distribute food to other food outlets receiving TEFAP foods.			
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>Eric Miller</i>		41. Date Approved 3/26/14	
44. Attorney General's Office approval DSS		45. Date Approved 4/17/14	
42. Budget agency approval <i>[Signature]</i>		43. Date Approved 4/9/14	
46. Agency representative receiving from AG		47. Date Approved	

AGENCY INFORMATION

14. Name of agency:

Department of Health

15. Requisition Number:

0000024919

16. Address:

2 N. Meridian Street
Indianapolis, IN 46204

AGENCY CONTACT INFORMATION

17. Name:

Douglas Adam

18. Telephone #:

317/234-8230

19. E-mail address:

dadam@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 #

0000099777

24. Name:

TERRE HAUTE CATHOLIC CHARITIES

25. Telephone #:

812-235-3424

26. Address:

1801 POPLAR ST
TERRE HAUTE, IN 47803

27. E-mail address:

jetling@catholiccharitiesterrehaute.org

28. Is the vendor registered with the Secretary of State? (Out of State Corporations, must be registered) ☒ Yes ☐ No

29. Primary Vendor: M/WBE/IN-Veteran

Minority: ☐ Yes ☒ NoWomen: ☐ Yes ☒ NoIN-Veteran: ☐ Yes ☒ No

30. Primary Vendor Percentages

100.0 %

31. Sub Vendor: M/WBE/IN-Veteran

Minority: ☐ Yes ☒ NoWomen: ☐ Yes ☒ NoIN-Veteran: ☐ Yes ☒ No

32. If yes, list the %:

Minority: ☐ %Women: ☐ %IN-Veteran: ☐ %33. Is there Renewal Language in the document? ☒ Yes ☐ No34. Is there a "Termination for Convenience" clause in the document? ☒ Yes ☐ No

RECEIVED

APR 10 2014

OAG-ADVISORY

73905-001

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. 0000024919	Date 03/21/2014	Required Date	Page 1 of 1
Fund/Account: 61900 / 573100			
Dept Number: 195070			
Project Number: 40010568TEFAP14			
Requisition Number: 0000024919			
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
Original grants effective 10/01/2013 were initiated with budget amounts based on the previous year's federal grant award. Subsequently Indiana received its 2014 federal fiscal year grant award which was higher than the previous year. Therefore, additional funds are being added to the sub-grantee agreements. This amendment adds \$6,400.00 bringing the new grant award to \$29,626.00						
1-1		Amend # 1 EDS# A70-4-070550,10/1/13-9/30/14	1.0000	LO	6,400.0000	6,400.00

Vendor: 0000099777 TERRE HAUTE CATHOLIC CHARITIES

<< PLEASE SEE ATTACHED CONTRACT
CONTRACT DATE 10/1/13-9/30/14
CONTRACT AMOUNT \$6,400.00
EXISTING PURCHASE ORDER #14531961 >>

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

Requisition Total \$ 6,400.00

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

**61900-573100-40010568TEFAP14
TEFAP 1045-1**

**Amendment No. 1
EDS Number A70-4-070550**

This is an Amendment to the existing **The Emergency Food Assistance Program Grant Agreement** entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **Terre Haute Catholic Charities Foodbank Inc** (hereinafter referred to as the "Grantee") for the period from **October 1, 2013** through **September 30, 2014**, in the amount of **\$23,226**.

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 **\$6,400** making the new total of the Grant Agreement **\$29,626**. The additional funds will be used to **to store, inventory and distribute food to pantries in the following Indiana counties: Clay, Greene, Knox, Parke, Sullivan, Vermillion, and Vigo**. See Attachment B-1, attached hereto, made a part hereof, and incorporated herein by reference as a part of this Grant Agreement.

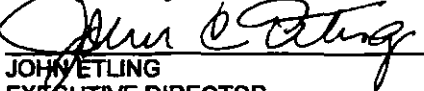
Non-Collusion and Acceptance

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.

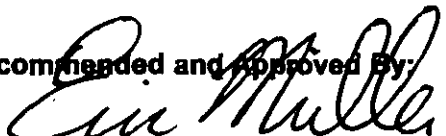
In Witness Whereof, the Grantee and the State of Indiana have, through duly authorized representatives, entered into this Grant Agreement Amendment. The parties having read and understanding the foregoing terms of the Grant Agreement Amendment do by their respective signatures dated below agree to the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

Accepted By:


JOHN WETLING
EXECUTIVE DIRECTOR
TERRE HAUTE CATHOLIC CHARITIES
FOODBANK INC

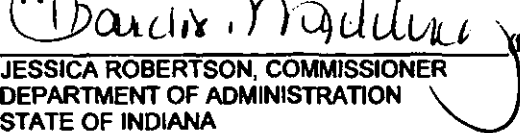
DATE: 3/17/14

Recommended and Approved By:


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

DATE: 3/26/14

Approved:


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

DATE: 4.3.14

Approved:


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

DATE: 4/9/14

Approved as to Form and Legality:


(for)
GREGORY F. ZOELLER
ATTORNEY GENERAL OF INDIANA

DATE: 4/17/14

ATTACHMENT B-1

TH Catholic Charities TEFAP FY14 Budget

Budget

Expense	Original Cost	Amended Cost
Salaries	\$13,313.00	\$16,982.00
Fringe	\$3,393.00	\$4,328.00
Space Cost	\$2,381.00	\$3,037.00
Transportation/Travel	\$1,470.00	\$1,875.00
Supplies	\$2,311.00	\$2,948.00
Contract Services	\$358.00	\$456.00
Subtotal	\$23,226.00	\$29,626.00
Total (rounded)	\$23,226.00	\$29,626.00