

**EXECUTIVE DOCUMENT SUMMARY**

State Form 41221 (R10/4-08)

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

APR 08 2014

DOA Contracts

569

JS

1. EDS Number: A70-4-070557		2. Date prepared: 3/12/2014	
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# 1 <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: \$10,000.00		7. New contract total: 46,857.00	
8. Revenue generated this action: \$0.00		9. Revenue generated total contract: \$0.00	
10. New total amount for each fiscal year:			
Year 2014 \$46,857.00			
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 system <input type="checkbox"/> 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.) The delay of a FFY14 federal budget, and continuing resolutions caused a delay in program funds being fully disbursed. As a result of final funding award from USDA, an increase of \$10,000.00 is being added. The new grant award total is \$46,857.00.			
38. Justification of vendor selection and determination of price reasonableness: The State contracts with local receiving agencies to administer the Indiana CSFP Program pursuant to Title 7 Part 247. Funding is determined by a formula based on population and caseload. Grantee is the only food bank operating in this area and they have historically provided these services.			
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 4/4/14	
44. Attorney General's Office approval JFS		45. Date Approved 4-23-14	
42. Budget agency approval <i>[Signature]</i>		43. Date Approved 4/1/14	
46. Agency representative receiving from AG		47. Date Approved	

20001

APR 07 2014

AGENCY INFORMATION

14. Name of agency: Department of Health	15. Requisition Number: 0000024957
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 # 0000055118	
24. Name: SECOND HARVEST FOOD BANK OF EAST CENTRAL	25. Telephone #: 765-287-8698
26. Address: SECOND HARVEST FOOD BANK OF 6621 N OLD ST RD 3 MUNCIE, IN 47303	
27. E-mail address: tkean@curehunger.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-Vetera 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: <input type="checkbox"/> % Women: <input type="checkbox"/> % IN-Veteran: <input type="checkbox"/> %
33. Is there Renewal Language in <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

APR 14 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.	Date	Required Date	Page
0000024957	03/27/2014		1 of 1
Fund/Account:	61900 / 573100		
Dept Number:	195070		
Project Number:	40010565CSFPA14		
Requisition Number:	0000024957		
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
The delay of a FFY14 federal budget, and continuing resolutions caused a delay in program funds being fully disbursed. As a result of final funding award from USDA, an increase of \$10,000.00 is being added. The new grant award total is \$46,857.00. The State contracts with local receiving agencies to administer the Indiana CSFP Program pursuant to Title 7 Part 247. Funding is determined by a formula based on participant caseload. Grantee is the only food bank operating in this area and they have historically provided these services.						
1-1		Amend #1 EDS# A70-4-070557, 10/1/13-9/30/14	1.0000	LO	10,000.0000	10,000.00

Vendor: 0000055118 SECOND HARVEST FOOD BANK OF EAST CENTRAL

<< PLEASE SEE ATTACHED CONTRACT
CONTRACT DATE 10/1/13-9/30/14
CONTRACT AMOUNT \$10,000.00
EXISTING PURCHASE ORDER # 14528172 >>

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

Requisition Total \$ 10,000.00

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

Amendment No. 1
EDS Number A70-4-070557 (CSFP)

This is an Amendment to the existing **Commodity and Supplemental Food Program Grant Agreement** entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **Second Harvest Food Bank of East Central Indiana, Inc.** (hereinafter referred to as the "Grantee") for the period from **October 1, 2013** through **September 30, 2014**, in the amount of **\$36,857**.

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 **\$10,000** making the new total of the Grant Agreement **\$46,857**. The increase in funds is due to the original grant effective 10/1/13 was 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 subgrantee agreement. 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:


TIM KEAN
EXECUTIVE DIRECTOR
SECOND HARVEST FOOD BANK OF EAST
CENTRAL INDIANA, INC.


DATE:

Recommended and Approved By:


WILLIAM C. VANNESS, MD
STATE HEALTH COMMISSIONER
INDIANA STATE DEPARTMENT OF HEALTH

DATE:

Approved:


JESSICA ROBERTSON, COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE:

Approved:


BRIAN E. BAILEY, DIRECTOR
STATE BUDGET AGENCY
STATE OF INDIANA

DATE:

Approved as to Form and Legality:


GREGORY F. ZOELLER
ATTORNEY GENERAL OF INDIANA

DATE:

ATTACHMENT B-1
Second Harvest Food Bank
CSFP FY14 Budget Amendment

Budget

Expense	Original Cost	Amended Cost
Salaries	\$20,196.00	\$25,676.00
Fringe	\$2,129.00	\$2,707.00
Space Cost	\$4,365.00	\$5,549.00
Transportation/Travel	\$8,476.00	\$10,776.00
Supplies	\$449.00	\$570.00
Contract Services	\$1,242.00	\$1,579.00
Subtotal	\$36,857.00	\$46,857.00
Total (rounded)	\$36,857.00	\$46,857.00