

18775
(MAY 20 2013)

EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-06)



Instructions for completing the EDS and the Contract process

Received

MAY 22 2013

IDOA 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.

1. EDS Number: A70-3-070475		2. Date prepared: 4/10/2013	
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: 61900-30700.583110		5. Account Name: ISDH DOAg Fund	
6. Total amount this action: \$19,942.00		7. New contract total: 309,292.00	
8. Revenue generated this action: \$0.00		9. Revenue generated total contract: \$0.00	
10. New total amount for each fiscal year:			
Year 2013 \$236,955.00			
Year 2014 \$72,337.00			
Year \$			
Year \$			
TIME PERIOD COVERED IN THIS EDS			
11. From (month, day, year): 10/1/2012		12. To (month, day, year): 9/30/2013	
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)			
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 95-627, 7 CFR, PART 246			
37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.) Additional funding for increased fringe costs offset by salary adjustments based on year-to-date expenditures and reduction in clinic operation supplies due to reallocation of caseload and implementation of funding flat amount per participant. The Indiana Supplemental Food Program for Women, Infants and Children provides nutritious supplemental foods, nutrition education, and health care referrals to women, infants and children up to the age of five who are at nutritional risk and meet federal income guidelines (up to 185% of poverty)			
38. Justification of vendor selection and determination of price reasonableness: The State contracts with local sponsoring agencies to administer the Indiana WIC Program pursuant to Public Law 95-627, 7CFR, Part 246. This entity was awarded the contract through the State procurement bid process, RFP# 12-50. Funding is determined by a formula based on participant caseload.			
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>Erin Miller</i>		41. Date Approved: 5/16/13	
44. Attorney General's Office approval: KG		45. Date Approved: 5-29-13	
42. Budget agency approval: <i>[Signature]</i>		43. Date Approved: 5/20/13	
46. Agency representative receiving from AG: <i>[Signature]</i>		47. Date Approved:	

66439-001

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. 0000021640	Date 05/16/2013	Required Date	Page 1 of 1
Fund/Account: 61900 / 583110			
Dept Number: 195070			
Project Number: 400361014250013			
Requisition Number: 0000021640			
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
1-1	RFP# 12-50.	Amend #1 A70-3-070475, 10/1/12-9/30/13	1.0000	LO	19,942.0000	19,942.00

Vendor: 0000068039 EAST CHICAGO, CITY OF

<< EDS# A70-3-070475
EXISTING PURCHASE ORDER #13532064 >>

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

Requisition Total \$ 19,942.00

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

61900-683110-4003810142500
WIC 183-4

**Amendment No. 1
EDS Number A70-3-070476**

This is an Amendment to the existing U.S.D.A. WIC Program Grant Agreement entered into by and between the Indiana State Department of Health (hereinafter referred to as the "State") and East Chicago Health Department (hereinafter referred to as the "Grantee") for the period from October 1, 2012 through September 30, 2013, in the amount of \$289,350.

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 \$19,942 making the new total of the Grant Agreement \$309,292. The additional funds will be used due to a reallocation of case load and an adjustment to the per participant funding formula. See Attachment A-1, attached hereto, which replaces Attachment A, 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.

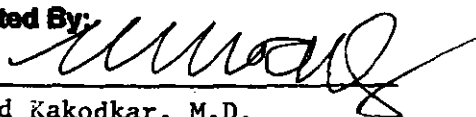
Non-Collusion and Acceptance

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:


Arvind Kakodkar, M.D.
Health Officer Interim
East Chicago Health Department
DATE: 5/9/13

Accepted By:


KIM ANDERSON
CONTROLLER

DATE: 5/15/13

Recommended and Approved By:

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

DATE: 5/16/13

Approved:

 (for)
JESSICA ROBERTSON
COMMISSIONER
INDIANA DEPARTMENT OF ADMINISTRATION

DATE: 5.22.13

Approved:

 (for)
CHRISTOPHER D. ATKINS, DIRECTOR
STATE BUDGET AGENCY
STATE OF INDIANA

DATE: 5/20/13

Approved as to Form and Legality:

 (for)
GREGORY F. ZOELLER
ATTORNEY GENERAL OF INDIANA

DATE: 5-29-13

ATTACHMENT A-1

Budget Summary

Grant Name	USDA WIC Program - FY 2013
Local Agency	EAST CHICAGO HEALTH DEPARTMENT
Clinic Operations Caseload	2031
Breastfeeding Promotion Caseload	254
FTE Breastfeeding Promotion	0.15
FTE Clinic Operations	4.78
Participants Per FTE Clinic Operations	425
Clinic Operations Amount	\$298,254.00
Breastfeeding Promotion Amount	\$11,038.00
Total Proposed Amount	\$309,292.00

Budget Line Item	Amount	Amended Amount	Amended Total
Salaries Breastfeeding Promotion	\$11,222.00	(\$2,203.00)	\$9,019.00
Fringe Breastfeeding Promotion	\$0.00	\$1,296.00	\$1,296.00
Supplies Breastfeeding Promotion	\$376.00		\$376.00
Travel Breastfeeding Promotion	\$347.00		\$347.00
Total Breastfeeding Promotion	\$11,945.00	(\$907.00)	\$11,038.00
Communications Clinic Operations	\$5,760.00		\$5,760.00
Contract Services Clinic Operations	\$2,571.00		\$2,571.00
Equipment Clinic Operations	\$1,300.00		\$1,300.00
Fringe Clinic Operations	\$47,407.00	\$27,180.00	\$74,587.00
Nutrition Education Supplies Clinic Operations	\$8,950.00		\$8,950.00
Salaries Clinic Operations	\$199,774.00	(\$4,664.00)	\$195,110.00
Supplies Clinic Operations	\$7,638.00	(\$1,667.00)	\$5,971.00
Travel Clinic Operations	\$1,325.00		\$1,325.00
Travel Nutrition Education	\$2,680.00		\$2,680.00
Total Clinic Operations	\$277,405.00	\$20,849.00	\$298,254.00
Total Amount	\$289,350.00	\$19,942.00	\$309,292.00