EXECUTIVE DOCUMENT SUMMARY

1. Please read the guidelines on the back of this form

2. Please type all information OA Contracts

3. Check all boxes that applied OA Contracts

4. For amendments / renewals, attach original section.

	AGENCY: INFORM	ATION
14. Name of agency: Department of Health		15. Requisition Number: 0000026144
16. Address:	2 N. Meridian Street Indianapolis, IN 46204	
	AGENCY CONTACT INF	ORMATION

1. EDS Number: APO-4070515 2. Duer perpered APO-4070515 2. CONTRACTS 3 CEASES Professional/Perisonal Services APO-4070515 2. CONTRACTS 3 CEASES Professional/Perisonal Services Approach Appro		rais, attach onginal contract.			
1. EDS Number: A79-470515 BOTTORETS & LESSES Continued for procured Services Meintenance Lesses License Agreement License Agreement License Agreement Meintenance	Attach additional pages if	necessary.	AGENCY CONTACT IN	FORMATION	
1. EDS Number: A79-470515 ACONTRACES & LESSES — Pripressional/Personal Services — Control for propured Services — Maintenance — Lesse — License Agreement — Lesse — License Agreement — Mour — Removal # _ — Other — Common Number: A Agreement Number: 5 SCAL INFORMATION 21 Vendor ID # _ 4 Agreement Number: 5 SCAL INFORMATION 22 Vendor ID # _ 5 SCAL INFORMATION 23 Vendor ID # _ 5 SCAL INFORMATION 23 Vendor ID # _ 5 SCAL INFORMATION 24 Vendor ID # _ 5 SCAL INFORMATION 25 Vendor ID # _ 5 SCAL INFORMATION 26 Revenue generated this action: 5 SCAL INFORMATION 27 Name: 5 SCAL INFORMATION 28 Revenue generated this action: 5 SCAL INFORMATION 29 Vendor ID # _ 5 SCAL INFORMATION 20 Vendor ID # _ 5 SCAL INFORMATION 20 Vendor ID # _ 5 SCAL INFORMATION 21 Vendor ID # _ 5 SCAL INFORMATION 22 Vendor ID # _ 5 SCAL INFORMATION 23 Vendor ID # _ 5 SCAL INFORMATION 24 Vendor ID # _ 5 SCAL INFORMATION 25 Vendor ID # _ 5 SCAL INFORMATION 26 Revenue generated this action: 5 SCAL INFORMATION 27 Sendor INFORMATION 28 Revenue generated this action: 5 SCAL INFORMATION 29 Vendor ID # _ 5 SCAL INFORMATION 20 Vendor ID # _ 5 SCAL INFORMATION 20 Vendor ID # _ 5 SCAL INFORMATION 21 Vendor ID # _ 5 SCAL INFORMATION 22 Vendor ID # _ 5 SCAL INFORMATION 23 Vendor ID # _ 5 SCAL INFORMATION 24 Vendor ID # _ 5 SCAL INFORMATION 25 Vendor ID # _ 5 SCAL INFORMATION 26 Vendor INFORMATION 27 Vendor ID # _ 5 SCAL INFORMATION 28 Vendor ID # _ 5 SCAL INFORMATION 29 Vendor ID # _ 5 SCAL INFORMATION 20 Vendor ID # _ 5 SCAL INFORMATION 20 Vendor ID # _ 5 SCAL INFORMATION 21 Vendor ID # _ 5 SCAL INFORMATION 22 Vendor ID # _ 5 SCAL INFORMATION 23 Vendor ID # _ 5 SCAL INFORMATION 24 Vendor ID # _ 5 SCAL INFORMATION 25 Vendor ID # _ 5 SCAL INFORMATION 26 Vendor ID # _ 5 SCAL INFORMATION 27 Vendor ID # _ 5 SCAL INFORMATION 28 Vendor ID # _ 5 SCAL INFORMATION 29 Vendor ID # _ 5 SCAL INFORMATION 20 Vendor ID # _ 5 SCAL INFORMATION 20 Vendor ID # _ 5 SCAL INFORMATION 21 Vendor ID		1012	17 Name:	18. Telephone #:	
A70-4-070515 3. CONTROLS & LESSES Control of procured Services Maintanance Lesses Maintanance Lesses Maintanance Lesses Moud Renewal # MOU Renewal # MOU Renewal # MOU Renewal # SECAL INFORMATION 2. Penalt address: Michael P. Mendyk 2. E-mail address: Michael P. Mendyk 2. Mendyk 2. E-mail address: Michael P. Mendyk 2. Mendyk 2. E-mail address: Michael P. Mendyk 2.	1 FDS Number:	2. Date prepared:		· ·	
### CONTRACTS & LEASE Priofessional/Personal Services Minimature Lease Lease Lease Attorney Annordments Annordme		1.) μΛ	19. F-mail address:		
Professional/Penonal Services Maritenance License Agreement American License Agreement License			•	-	
	3, 60NTRAC	15 & CEASES		MATION	
License License Agreement License	Professional/Personal Services	Contract for procured Services			
Aborney Amondmental 1 Amount Number Code Report No. 1 Account Number State No. 2000 So. 200 So	X Grant	Maintenance		· ·	
MOU Renewal # Other SISCAL INFORMATION	Lease	License Agreement	Michael P. Mendyk	317-233-7853	
## STOCK INFORMATION ## STOCK INFORMATION ## ACCOUNT Number: ## ACCOUNT Number: ## STOCK INFORMATION ## OF ACCOUNT Number: ## STOCK INFORMATION ## ACCOUNT Number: ## ACCOUNT Number: ## STOCK INFORMATION ## ACCOUNT Number: ## ACCOUNT	Attorney	X_Amendment#1	22. E-mail address:		
## Account Number: ## 61900-030700 573100 S. Account Number: ## 61900-030700 573100 S. Account Number: ## 61900-030700 573100 S. Account Number: ## 61900-030700 573100 S. Account Number: ## 61900-030700 573100 S. Account Number: ## 61900-030700 573100 S. Account Number: ## 61900-030700 573100 S. Account Number: ## 61900-030700 573100 S. Account Number: ## 61900-030700 573100 S. Account Number: ## 61900-030700 573100 S. Address: ## 609.319.22 S. Address: ## 100 S. JEFFERSON ST ROCKVILLE IN 47872 ROCKVILLE IN 47872 S. Address: ## 609.319.22 S. He vendor registered with the Secretary of State? (Out of State Corporations, must be registered) S. Address:	MOU	Renewal #	mmendvk@isdh.in.gov		
4. Account Number: State 2005 ST00.573100 S. Account Name: SISH DOAg Fund O. Total amount this action: Total amount this action: S. 2628 63 S. Revenue generated total contract: S. 2628 63 S. S. Revenue generated total contract: S. 2628 63 S. S. Revenue generated total contract: S. 2628 63 S. S. Revenue generated total contract: S. 2628 63 S. S. Revenue generated total contract: S. 2628 63 S. S. Revenue generated total contract: S. 2628 63 S. S. S. Revenue generated total contract: S. 2628 63 S. S. S. Revenue generated total contract: S. S	QPA	Other	VENDOR INFOR	MATION	
4. Account Number: State 2004 State 2007 State 2008 State 2009 St	FISCAL INF	ORMATION	23 Vendor ID # 0000062060	_	
6. Total amount this action: 52,828.83 8. Revenue generated this action: 52,828.83 9. Revenue generated this action: 50,00 10. New total amount for each fiscal year: 7. New corriect total: 80,00 10. New total amount for each fiscal year: 9. Sea 2015 92,228.83 92, Pinnary Vendor Wile IIII H 47872 215 92,228.83 92, Pinnary Vendor Wile IIII H 47872 226. Is the vendor registered with the Secretary of State? (Out of State Corporations, must be registered) 7. New Corriect total: 9. Pinnary Vendor Mile IIII H 47872 227. E-mail address: sustice symmin@hotmail.com 228. Is the vendor registered with the Secretary of State? (Out of State Corporations, must be registered) 100 8 % 100 8			24. Name:		
9. New contract total: 8. Revenue generated this action: 9. Revenue generated this action: 9. Revenue generated this action: 9. Revenue generated total contract: \$0.00 10. New total armount for each fiscal year: Year 2014 \$86.887.59 Year 2015 \$2.228.03 Year 2015 \$2.228.03 Year 3 Year 3 Year 3 Year 4 Year 5 Year 5 Year 7 S Year 7 S Year 1 S Year 2 S Year 2 S Year 2 S Year 3 No No Notestan Year No No N				(765) 569-4008	
8. Revenue generated this actor: \$0.00 10. New total amount for each fiscal year: Year 2014 \$80.487.59 Year 2015 \$2.828.83 Year 3 \$	6. Total amount this action;				
8.00 St. One with a action: 8.00 St. One with a action: 8.00 St. One with a st.	\$2,828.63	69,316,22			
10. New total amount for each facel year: Year 2014	8. Revenue generated this action:	9.Revenue generated total contract:	<u> </u>		
Vear 2014 \$68,487,59 28.8 to the vendor registered with the Secretary of State! (Out of State Corporations, must be registered) X Yes No			27. E-mail address: susiewaymire@hotmail.co	<u> </u>	
Year 2015 \$2,828,83 Year \$		•			
Year S 29. Primary Vender, M/WBE/IN-Verteral Monority: Yes X No Women: Yes X No No Women: Yes X No No Women: Yes X No Women: Yes X No Women: Yes X No No Women: Yes X No No Women: Yes X No Women: Yes X No No Women: Yes X No Women: Yes X No			Corporations, must be registered) X Yes	No	
Year S	42,520.00			30. Primary Vendor Percentages	
New Comment Yes X No No New Yes New Yes No New Yes Ne	· — — — — — — — — — — — — — — — — — — —	•		100.0 %	
31. Sub Vendor: MWBE/IN-Veteran 32. If yes, list the %: Minority: Yes X No Minority: Yes Yes No Minority: Yes Ye	<u>\$</u>		<u> </u>		
11. From (month, day, year): 12. To (month, day, year): 19/30/2014 13. Method of source selection: Bid/Quotation Emergency Special Procurrement X RFP# 12-50 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): 42 U.S.C. 1796 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 smended to provide personnel, finge, nutrition education activities, outreath 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, RPP #12-50. Budgets were negotiated by ISDH and the vendor in order to budget the contract through the State procurement bid process, RPP #12-50. Budgets were negotiated by ISDH and the vendor in order to budget the contract is submitted late, please explain why: (Required if more than 30 days late.) OAG-ADVISORY 40. Assay fiscal officer or agreementative approval AUG 16 2014					
11. From (month, day, year): 12. To (month, day, year): 9/30/2014 13. Method of source selection: Bid/Quotation Emergency Special Procurement X RFP# 12-50 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): 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 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. 39. If this contract is submitted late, please explain why. (Required if more than 30 days late.) OAG-ADVISORY 40. Approved 41. Date Approved 42. Budget agency approval 43. Budget agency approval 44. Budget agency approval 45. Date Approved 6/// Approved 6/// Approved 6/// Approved 42. Budget agency approval	TIME PERIOD COV	ERED IN THIS EDS			
10/1/2013 9/30/2014 11. Method of source selection: Bid/Quotation Special Procurement Special Procurement X RFPW 12-50 Other (specify) 13. Is there a Termination for Convenience clause in the document? X Yes No No Other (specify) 33. Is there Renewal Language in the document? X Yes No No Other (specify) 34. Is there a Termination for Convenience clause in the document? X Yes No No Other (specify) 35. Will the attached document? Yes X No No Other (specify) 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 paraonael, 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 backling of the specific price in the document? AUG 16 2014 39. If this contract is submitted late, please explain why: (Required if more than 30 days late.) OAG-ADVISORY 40. Accept fiscal officer or agreescatative approval 41. Data Approved AUG 9/14 42. Budget agency approval 43. Budget agency approval 44. Budget agency approval 45. Data Approved 6/16/14	11. From (month, day, year):	12. To (month, day, year):		villionty.	
13. Method of source selection: Bid/Quotation Emergency Special Procurement X RFP# 12-50 Other (specify) 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): 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 personal, 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 a warded the contract through the State procurement bid process, RFP#12-50. Budgets were negotiated by ISDH and the vendor in order to increase the communication of the scope of a flat rate per participant. AUG 1 6 2014 39. If this contract is submitted late, please explain why: (Required If more than 30 days late.) OAG-ADVISORY 40. Accept fiscal officer or copresentative approval 41. Date Approved OAG-ADVISORY					
Special Procurement the document? Special Procurement Special	13. Method of source selection:	Negotiated	165 NO	111- 1 CILIAN.	
X RFP# 12-50 Other (specify) X Yes No document? X Yes No 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 scrivities, 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 be additional activities and funding for supplies is based on a flat rate per participant. AUG 1 6 2014 39. If this contract is submitted late, please explain why: (Required If more than 30 days late.) OAG-ADVISORY 40. Accept fiscal officer or copresentative approval AUG 1. Date Approved AUG	Bid/Quotation Emerger	scy Special Programment			
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 scrivities, outreach scrivities, 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 be the scription of the scope of work included in this agreement.) AUG. 1 6. 2014 39. If this contract is submitted late, please explain why: (Required if more than 30 days late.) OAG-ADVISORY 40. After y fiscal officer or copresentative approval AUG. 1 Dage Approved AUG. 1 Budget agency approval 42. Budget agency approval AUG. 1 Budget Approved Budget agency approval AUG. 1 Budget Approved AUG. 1 Budget agency approval AUG. 1 Budget Approved AUG. 1 Budget Approved AUG. 1 Budget Approved AUG. Approved AUG. 1 Budget Approved	X PER# 12-50 Other /c	 ·			
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 containment measures. Funding for staffing is allocated based on participant caseload and funding for supplies is based on a flat rate per participant. AUG 16 2014 39. If this contract is submitted late, please explain why: (Required if more than 30 days late.) OAG-ADVISORY 40. Agency fiscal officer or copresentative approval AUG 18 Date Approved AUG 19 Date Approved			<u> </u>		
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 include the contament measures. Funding for staffing is allocated based on participant caseload and funding for supplies is based on a flat rate per participant. AUG 16 2014 39. If this contract is submitted late, please explain why: (Required If more than 30 days late.) OAG-ADVISORY 40. Agency fiscal officer or appresentative approval 41. Date Approved AUG 18 Budget agency approval 42. Budget agency approval AUG 18 Date Approved OAG-ADVISORY	<u> </u>	<u></u>	Yes: 101 or Delegate has sign	ned off on contract	
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 be in a flat rate per participant. AUG 1 6 2014 39. If this contract is submitted late, please explain why: (Required of more than 30 days late.) OAG-ADVISORY 40. Aftercy fiscal officer or correscutative approval AUG 1 Budget agency approval 42. Budget agency approval 43. Date Approved AUG 1 Approved		iana or Federal Codes):			
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 broke the contract through the State procurement bid process, RFP #12-50 Budgets were negotiated by ISDH and the vendor in order to broke the contract is submitted by the State procurement bid process, RFP #12-50 Budgets were negotiated by ISDH and the vendor in order to broke the state per participant. AUG 1 6 2014 39. If this contract is submitted late, please explain why: (Required 1f more than 30 days late.) OAG-ADVISORY 40. Agency fiscal officer or correspondentative approval AUG 1.0 Date Approved	42 U.S.C. 1786				
38. Justification of vendor selection and determination of price reasonableness: This entity was awarded the contract through the State procurement bid process, RFF #12-50. Budgets were negotiated by ISDH and the vendor in order to applicate the Cell V ED containment measures. Funding for staffing is allocated based on participant caseload and funding for supplies is based on a flat rate per participant. AUG 1 6 2014 39. If this contract is submitted late, please explain why: (Required If more than 30 days late.) OAG-ADVISORY 40. Againey fiscal officer or correscutative approval Al. Date Approved	37. Description of work and justification for	spending money. (Please give a brief descript	tion of the scope of work included in this agreement.)		
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 containment measures. Funding for staffing is allocated based on participant caseload and funding for supplies is based on a flat rate per participant. AUG 16 2014 39. If this contract is submitted late, please explain why: (Required If more than 30 days late.) OAG-ADVISORY 40. After fiscal officer or representative approval AUG 16 2014 AUG 16 2014 OAG-ADVISORY	Contract is being amended to provide person	mel, fringe, nutrition education activities, outreach act	tivities, travel and other miscellaneous needs for the agency.		
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 containment measures. Funding for staffing is allocated based on participant caseload and funding for supplies is based on a flat rate per participant. AUG 1 6 2014 39. If this contract is submitted late, please explain why: (Required If more than 30 days late.) OAG-ADVISORY 40. After fiscal officer or representative approval AUG 1 6 2014 AUG 1 6 2014 OAG-ADVISORY			•		
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 containment measures. Funding for staffing is allocated based on participant caseload and funding for supplies is based on a flat rate per participant. AUG 1 6 2014 39. If this contract is submitted late, please explain why: (Required If more than 30 days late.) OAG-ADVISORY 40. After fiscal officer or representative approval AUG 1 6 2014 AUG 1 6 2014 OAG-ADVISORY		·		•	
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 containment measures. Funding for staffing is allocated based on participant caseload and funding for supplies is based on a flat rate per participant. AUG 16 2014 39. If this contract is submitted late, please explain why: (Required If more than 30 days late.) OAG-ADVISORY 40. After fiscal officer or representative approval AUG 16 2014 AUG 16 2014 OAG-ADVISORY	'				
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 containment measures. Funding for staffing is allocated based on participant caseload and funding for supplies is based on a flat rate per participant. AUG 1 6 2014 39. If this contract is submitted late, please explain why: (Required If more than 30 days late.) OAG-ADVISORY 40. After fiscal officer or representative approval AUG 1 6 2014 AUG 1 6 2014 OAG-ADVISORY	20 losificacion of condensation and be				
AUG 1 6 2014 39. If this contract is submitted late, please explain why: (Required if more than 30 days late.) OAG-ADVISORY 40. Aftercy fiscal officer or corresentative approval AUG 1 6 2014 41. Days Approved AUG 1 6 2014 Agency fiscal officer or corresentative approval AUG 1 6 2014 AUG 1 6 2014 OAG-ADVISORY	This entity was awarded the contract through	the State procurement bid process, RFP #12-50. But	dgets were negotiated by ISDH and the vendor in order to		
39. If this contract is submitted late, please explain why: (Required If more than 30 days late.) OAG-ADVISORY 40. Aftercy fiscal officer or corresentative approval Al. Days Approved					
39. If this contract is submitted late, please explain why: (Required If more than 30 days late.) OAG-ADVISORY 40. Aftercy fiscal officer or corresentative approval Al. Days Approved	ł		•	AUG 4.0	
OAG-ADVISORY 40. Aftercy fiscal officer or copresentative approval 41. Day: Approved 42. Budget agency approval 43. Date Approved 6/16/14	<u></u>			AUG 1 6 2014	
40. Affectory fiscal officer or gapresentative approval 41. Date Approved 42. Budget agency approval 6/16/14	39. If this contract is submitted late, please e	xplain why: (Required If more than 30 days lat	ie.)	,	
40. Affectory fiscal officer or gapresentative approval 41. Date Approved 42. Budget agency approval 6/16/14			_		
40. Affectory fiscal officer or gapresentative approval 41. Date Approved 42. Budget agency approval 6/16/14	OAG-ADVISORY				
Sand Festival 7/29/14 CAN 6/15/14	40. Accept fiscal officer or remesentative an	groval 41. Date Anoroved			
4. Attorney General's Office approved 45. Date Approved 46. Agency responsible role from AG 47. Date Approved	1 12-1-	1 7/2/11	7.4		
4. Attorney General's Office approval 45. Date Approved 46. Agency respective ficeiving from AG 47. Date Approved	X and some	re 1/27/14		0/14/14	
ベン・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	4. Attorney General's Office approval	45. Date Approved	46. Agency regreeen thive fociving from AG	47. Date Approved	
4) /// 1/8/12 (9)	1	1751 1/8/1 WE (41			

REQUISITION Ship To: State Department of Health Requisition No. Date Required Date Page Section 2-C 0000026144 07/23/2014 1 of 2 N MERIDIAN ST **INDIANAPOLIS IN 46204** 61900 / 573100 Fund/Account: **Dept Number:** 195070 **Project Number:** 40010557WICAD14 Requisition Number: 0000026144 Requestor: GALLEN Allen, Gary-400 Bill to: State Department of Health **Agency Number:** 00400 Department of Health Section 2-C 2 N MERIDIAN ST INDIANAPOLIS IN 46204 Fa<u>cility:</u> **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. Amend # 1 A70-4-070515, 1-1 1.0000 LO 2,828.6300 2,828.63 10/1/13-9/30/14 Vendor: 0000062060 COMM.HEALTH INTERVENTION ED. << PLEASE SEE ATTACHED CONTRACT CONTRACT DATE 10/1/13-9/30/14 CONTRACT AMOUNT \$2,828.63 EXISTING PURCHASE ORDER # 14528029 >> The following UN/CEFACT Unit of Measure Common Codes are used in this document: LO Lot **Requisition Total \$** 2,828.63

<u></u>		I certify that the item[s] requested is [are] necessary for the operation of this State Agency.				
Requestor Signature	Printed Name of Agency Head or Authorized Employee	Authorized Signature				
	·					

Amendment No. 1 EDS Number A70-4-070515 (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 Community Health Intervention and Education Foundation, Incorporated (hereinafter referred to as the "Grantee") for the period from October 1, 2013 through September 30, 2014, in the amount of \$66,487.59.

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 \$2,828.63 making the new total of the Grant Agreement \$69,316.22. The additional funds will be used to provide personnel, fringe, ntrition 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

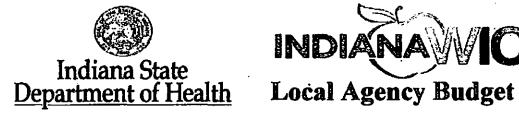
The undersigned attests, subject to the penalties of perjury, that he/she is the Grantee, or that he/she is the properly authorized representative, agent, member or officer of the Grantee, that he/she has not, nor has any other member, employee, representative, agent or officer of the Grantee, directly 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:		
SUSIE WAYMIRE EXECUTIVE DIRECTOR COMMUNITY HEALTH INTERVENTION AND EDUCATION FOUNDATION, INCORPORATED	·	
	•	
DATE: 7-22-14	,	
Recommended and Approved By: Description		
WILLIAM C. VANNESS II, MO STATE HEALTH COMMISSIONER INDIANA STATE DEPARTMENT OF HEALTH		
DATE: 8/8/14		
Approved:	Approved:	#A
JESSICA ROBERTSON, COMMISSIONER DEPARTMENT OF ADMINISTRATION	BRIAN E. BAILEY, PIRECTOR STATE BUDGET AGENCY	(for)
DATE: 8/13/14	STATE OF INDIANA DATE: 8/15/19	
Approved as to Form and Legality:		
GREGORY F. ZOELLER ATTORNEY GENERAL OF INDIANA		
DATE: 18 aug 14	1	

Attachment B1 - Budget Summary





Name of Organ		Comm	unity He	alth Interver	tion Educa	tion Foundati	on
Employer ID Numb		*	-		1 121		2014
Breastfeeding Region Tippe			100	Fed	eiri Lizicar	tear .	2014
Address: 10	9 South Jefferso	on Street		·· 			 .
City: Ro	ckville	18	State:	Indiana	Zip:	47872	
Phone:	765-569	4009		Fax:		65-569-1917	
Website:	703-307			rax.		03-307-1717	<u>.</u>
, , , , , , , , , , , , , , , , , , ,	of Chief Execut				ısie Waymi		
Title:	Executive :			Phone:		569-4008 ext.	11
Email:			<u>susiewa</u>	ymire@hotr	nail.com		
Name of	Program Conta	ct:			Jill Rice		
Title:	WIC Coor			Phone:	765-5	69-4008 ext.	15
Email:	-		fhhciill	rice@hotma	il.com		
Clinic Operation Case WIC Nutrition	services & A	dmin (N	ISA) To	triceding Pro			46 ,316.22
Breastfeeding				1.25	1,413.00		
Control of the Contro	Personnel - Sala Personnel - Frin	<i>#</i> : • • • • • • • • • • • • • • • • • •					
	Tyav	7	-		212.00		
Clinic (perations Cos	: 1——	وردفير		67,903.22		
Personnel - Salary:					52,816.40		
36年至17日初新的 APR 2017年1月1日 1847年 8月2日	ersonnel - Pring	T > 1		5,040.82			
in the first term of the first term of the contract of the first term of the contract of the c	- Cimic Servic	~		-			
Travel - Ni	strition Education	m: \$			-		
	Suppli				976.00		
	Communication				900.00	ı	
	Contract Service	· · · ·			2,050.00		
	Space Cos	ts: \$			6,120.00		