

SEP 23 2014

20389



## EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-06)

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

SEP 24 2014

DOA Contracts

11/17

PT

1. EDS Number: A70-4-070516	2. Date prepared: 7/7/2014
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## 3. CONTRACTS &amp; LEASES

<input type="checkbox"/> Professional/Personal Services	<input type="checkbox"/> Contract for procured Services
<input checked="" type="checkbox"/> Grant	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Lease	<input type="checkbox"/> License Agreement
<input type="checkbox"/> Attorney	<input checked="" type="checkbox"/> Amendment# 1
<input type="checkbox"/> MOU	<input type="checkbox"/> Renewal #
<input type="checkbox"/> QPA	<input type="checkbox"/> Other

## FISCAL INFORMATION

4. Account Number: 61900-30700.573100	5. Account Name: ISDH DOAg Fund
6. Total amount this action: \$14,500.00	7. New contract total: 356,343.97
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00

## 10. New total amount for each fiscal year:

Year 2014	\$341,843.97
Year 2015	\$14,500.00
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)	

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. 178637. 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.

RECEIVED

## 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.

OCT 03 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 representative approval <i>[Signature]</i>	41. Date Approved 9/19/14	42. Budget agency approval <i>[Signature]</i>	43. Date Approved 10/6/14
44. Attorney General's Office approval ART	45. Date Approved 10/10/2014	46. Agency representative receiving from AG <i>[Signature]</i>	47. Date Approved

73976-001

# 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.	Date	Required Date	Page
0000026143	07/23/2014		1 of 1
Fund/Account:	61900 / 571100		
Dept Number:	195070		
Project Number:	40010557WICAD14		
Requisition Number:	0000026143		
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 A70-4-070516, 10/1/13-9/30/14	1.0000	LO	14,500.0000	14,500.00

Vendor: 0000061572 DEARBORN COUNTY HOSPITAL

<< PLEASE SEE ATTACHED CONTRACT  
CONTRACT DATE 10/1/13-9/30/14  
CONTRACT AMOUNT \$14,500.00

EXISTING PURCHASE ORDER #14539094 >>

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

**Requisition Total \$ 14,500.00**

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 A70-4-070516 (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 **Dearborn County Hospital** (hereinafter referred to as the "Grantee") for the period from **October 1, 2013 through September 30, 2014**, in the amount of **\$341,843.97**.

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 **\$14,500** making the new total of the Grant Agreement **\$356,343.97**. The additional funds will be used to **provide personnel, fringe, nutrition 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:

  
\_\_\_\_\_  
ROGER HOWARD  
PRESIDENT/CEO  
DEARBORN COUNTY HOSPITAL

DATE: 8-26-2014

Recommended and Approved By:

  
\_\_\_\_\_  
WILLIAM C. VANNES II, MD  
STATE HEALTH COMMISSIONER  
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 9/19/14

Approved:

  
\_\_\_\_\_  
JESSICA ROBERTSON, COMMISSIONER  
DEPARTMENT OF ADMINISTRATION  
STATE OF INDIANA

DATE: 9/16/14

Approved:

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

DATE: 10/6/14

Approved as to Form and Legality:

  
\_\_\_\_\_  
GREGORY F. ZOELLER  
ATTORNEY GENERAL OF INDIANA

DATE: 10/10/2014

Attachment B1 - Budget Summary



**Indiana State  
Department of Health**

**INDIANA WIC  
Local Agency Budget**

Name of Organization:	Dearborn County Hospital		
Employer ID Number (EIN)			
Breastfeeding Region	Johnson	Federal Fiscal Year	2014

Address:	600 Wilson Creek Road		
City:	Lawrenceburg	State:	Indiana
		Zip:	47025

Phone:	812-537-8200	Fax:	812-537-2897
Website:			

Name of Chief Executive:	Roger Howard		
Title:	President/CEO	Phone:	812-537-8200
Email:	rhoward@dch.org		

Name of Program Contact:	Esther Brabson		
Title:	WIC Coordinator	Phone:	812-537-4777
Email:	esther.brabson@gmail.com		

Clinic Operation Caseload	1973	219	0
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<b>WIC Nutrition Services &amp; Admin (NSA) Total Costs:</b>	<b>\$</b>	<b>356,343.97</b>
<b>Breastfeeding Promotion Costs:</b>	<b>\$</b>	<b>9,288.78</b>
Personnel - Salary:	\$	6,748.00
Personnel - Fringe:	\$	2,316.26
Travel:	\$	179.52
Communication:	\$	45.00
<b>Clinic Operations Costs:</b>	<b>\$</b>	<b>347,055.19</b>
Personnel - Salary:	\$	207,383.52
Personnel - Fringe:	\$	82,540.37
Equipment:	\$	1,300.00
Travel - Clinic Services:	\$	637.68
Travel - Nutrition Education:	\$	-
Supplies:	\$	6,600.62
Communication:	\$	12,978.00
Contract Services:	\$	1,815.00
Space Costs:	\$	33,800.00