

JUL 30 2014

20285



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
 AUG 06 ENT'D
 IDOA Contracts

1. EDS Number: A70-4-070509		2. Date prepared: 6/27/2014	
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: 61900-30700 573100		5. Account Name: ISDH DOAg Fund	
6. Total amount this action: \$31,733.69		7. New contract total: 341,749.36	
8. Revenue generated this action: \$0.00		9. Revenue generated total contract: \$0.00	
10. New total amount for each fiscal year:			
Year 2014 \$310,015.67			
Year 2015 \$31,733.69			
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) <input type="checkbox"/> Special Procurement			
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 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.			
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>Joseph J. J. J.</i>			
41. Date Approved 7/30/14		42. Budget agency approval <i>[Signature]</i>	
43. Date Approved 8/8/14		44. Agency representative receiving from AG <i>[Signature]</i>	
45. Date Approved 8/13/14		46. Agency representative receiving from AG	
47. Date Approved		48. Date Approved	

AGENCY INFORMATION

14. Name of agency:

Department of Health

15. Requisition Number:

0000026178

16. Address:

2 N. Meridian Street
Indianapolis, IN 46204

AGENCY CONTACT INFORMATION

17. Name:

Alexander Tulkop

18. Telephone #:

317/233-7458

19. E-mail address:

atulkop1@isdh.in.gov

COURIER INFORMATION

20. Name:

Michael P. Mendyk

21. Telephone #:

317-233-7853

22. E-mail address:

mmendyk@isdh.in.gov

VENDOR INFORMATION

23. Vendor ID # 0000002773

24. Name:

BLUE RIVER SERVICES, INC

25. Telephone #:

(812) 738-2408

26. Address:

PO BOX 547
CORYDON, IN 47112

27. E-mail address:

daniellowe@brsinc.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 ☐ No

34. Is there a "Termination for Convenience" clause in the document?

☒ Yes ☐ No

RECEIVED

AUG 11 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
0000026148	07/23/2014		1 of 1
Fund/Account:	61900 / 573100		
Dept Number:	195070		
Project Number:	40010557WICAD14		
Requisition Number:	0000026148		
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 A70-4-070509, 10/1/13-9/30/14	1.0000	LO	31,733.6900	31,733.69

Vendor: 0000002773 BLUE RIVER SERVICES, INC

<< PLEASE SEE ATTACHED CONTRACT
CONTRACT DATE 10/1/13-9/30/14
CONTRACT AMOUNT \$31,733.69

EXISTING PURCHASING ORDER #14528019 >>

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

Requisition Total \$ 31,733.69

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 A70-4-070509 (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 **Blue River Services, Inc.** (hereinafter referred to as the "Grantee") for the period from **October 1, 2013** through **September 30, 2014**, in the amount of **\$310,015.67**.

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 **\$31,733.69** making the new total of the Grant Agreement **\$341,749.36**. 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:


DANIEL LOWE
PRESIDENT/CEO
BLUE RIVER SERVICES, INC.


DATE: 7/22/14

Recommended and Approved By:

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

DATE: 7/30/14

Approved:

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

DATE: 8/10/14

Approved:

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

DATE: 8/8/14

Approved as to Form and Legality:

 (for)
GREGORY F. ZOELLER
ATTORNEY GENERAL OF INDIANA

DATE: 8/13/14

Attachment B1 - Budget Summary



**Indiana State
Department of Health**



Local Agency Budget

Name of Organization:	Blue River Services, Inc.		
Employer ID Number (EIN)			
Breastfeeding Region	Monroe	Federal Fiscal Year	2014

Address:	P.O. Box 547		
City:	Corydon	State:	Indiana
		Zip:	47112

Phone:	812-738-2408	Fax:	812-738-6121
Website:			

Name of Chief Executive:	Daniel Lowe		
Title:	Executive Director	Phone:	812-738-2408
Email:	daniellowe@brsinc.org		

Name of Program Contact:	T.J. Gettelfinger		
Title:	WIC Coordinator	Phone:	812-883-1394
Email:	brwicdir@brsinc.org		

Clinic Operation Caseload	2352	Breastfeeding Promotion Caseload	342
---------------------------	------	----------------------------------	-----

WIC Nutrition Services & Admin (NSA) Total Costs:	\$ 341,749.36
Breastfeeding Promotion Costs:	\$ 15,365.90
Personnel - Salary:	\$ 10,096.38
Personnel - Fringe:	\$ 2,683.52
Travel:	\$ 2,586.00
Clinic Operations Costs:	\$ 326,383.46
Personnel - Salary:	\$ 217,334.62
Personnel - Fringe:	\$ 60,921.23
Travel - Clinic Services:	\$ 2,585.52
Travel - Nutrition Education:	\$ 1,229.84
Supplies:	\$ 14,314.88
Communication:	\$ 8,880.28
Contract Services:	\$ 4,298.09
Space Costs:	\$ 16,819.00