

20404

AUG 15 2014



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 19 ENT'D
 DOA Contracts

10/10

1. EDS Number: A70-4-070566	2. Date prepared: 6/26/2014
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3. CONTRACTS & LEASES

<input checked="" 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# <u>1</u> <input type="checkbox"/> Renewal # <input type="checkbox"/> Other
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FISCAL INFORMATION

4. Account Number: Multiple	5. Account Name: Multiple-Refer to Online
6. Total amount this action: \$47,985.79	7. New contract total: 1,914,214.16
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year 2014	\$1,866,228.37
Year 2015	\$47,985.79
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 system? 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.)

The vendor administers the Women, Infants, and Children's (WIC) program in Allen, DeKalb, and Noble Counties. The Indiana Supplemental Food Program for Women, Infants and Children provides nutritious supplemental foods, nutrition education, breastfeeding support, 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)

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 and containment measures. Funding for staffing is allocated based on participant caseload and funding for supplies is based on a flat rate per participant.

AUG 26 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>Joseph Xistul</i>	41. Date Approved 8/6/14	42. Budget agency approval <i>[Signature]</i>	43. Date Approved 8/6/14
44. Attorney General's Office approval <i>[Signature]</i>	45. Date Approved 8/26/14	46. Agency representative receiving from AG <i>[Signature]</i>	47. Date Approved

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74011-001

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. 0000026200	Date 07/28/2014	Required Date	Page 1 of 1
Fund/Account: 61900 / 573100			
Dept Number: 195070			
Project Number: 40010557WCAD14			
Requisition Number: 0000026200			
Requestor: T302207 Tammy Shields - 0040			
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		The vendor administers the Women, Infants, and Children's (WIC) program in Allen, DeKalb, and Noble Counties. The Indiana Supplemental Food Program for Women, Infants and Children provides nutritious supplemental foods, nutrition education, breastfeeding support, 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). AMEND# 1 EDS# A70-4-070566 10/1/13 - 9/30/14	1.0000	LO	47,985.7900	47,985.79

Vendor: 0000014695 NEIGHBORHOOD HEALTH CLINICS

<<PLEASE SEE ATTACHED CONTRACT
CONTRACT DATE 10/1/13 - 9/30/14
CONTRACT AMOUNT \$47,985.79

AMEND EXISTING PO14535110>>

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

Requisition Total \$ 47,985.79

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

**61900-573100-40010557WICAD14
WIC**

**Amendment No. 1
EDS Number A70-4-070566**

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 **Neighborhood Health Clinics Inc.** (hereinafter referred to as the "Grantee") for the period from **October 1, 2013** through **September 30, 2014**, in the amount of **\$1,866,228.37**.

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 **\$47,985.79** making the new total of the Grant Agreement **\$1,914,214.16**. 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.

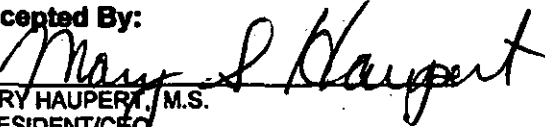
Non-Collusion and Acceptance

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:


MARY HAUPERT, M.S.
PRESIDENT/CEO
NEIGHBORHOOD HEALTH CLINICS INC.


DATE: 7/26/14

Recommended and Approved By:


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

DATE: 8/6/14

Approved:


JESSICA ROBERTSON, COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE: 8/14/14

Approved:


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

DATE: 8/25/14

Approved as to Form and Legality:


GREGORY F. ZOELLER
ATTORNEY GENERAL OF INDIANA

DATE: 8/26/14

Attachment B1 - Budget Summary



**Indiana State
Department of Health**

**INDIANA WIC
Local Agency Budget**

Name of Organization:	Neighborhood Health Clinic		
Employer ID Number (EIN)			
Breastfeeding Region	Delaware	Federal Fiscal Year	2014

Address:	Administrative Offices, P.O. Box 11949		
City:	Fort Wayne	State:	Indiana
		Zip:	46862

Phone:	(260) 458-2641	Fax:	(260) 458-2596
Website:			

Name of Chief Executive:	Mary S. Hauptert, M.S.		
Title:	President/CEO	Phone:	
Email:	mshauptert@NHCI.org		

Name of Program Contact:	Larry Braden		
Title:	WIC Coordinator	Phone:	
Email:			

Clinic Operation Caseload	13027	Breastfeeding Promotion Caseload	1790
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WIC Nutrition Services & Admin (NSA) Total Costs:	\$	1,914,214.16
Breastfeeding Promotion Costs:	\$	56,532.67
Personnel - Salary:	\$	37,624.08
Personnel - Fringe:	\$	14,520.06
Travel:	\$	4,388.53
Clinic Operations Costs:	\$	1,857,681.49
Personnel - Salary:	\$	1,143,970.17
Personnel - Fringe:	\$	313,333.49
Travel - Clinic Services:	\$	28,812.58
Travel - Nutrition Education:	\$	1,293.24
Supplies:	\$	38,299.38
Communication:	\$	30,513.00
Contract Services:	\$	69,960.00
Space Costs:	\$	231,499.63