

MAY 20 2013

18787



## EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-06)

Received

Instructions for completing the EDS and the Contract process.

JUN 03 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: A70-3-070463		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# <u>1</u> <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: \$7,032.00		7. New contract total: 168,294.00	
8. Revenue generated this action: \$0.00		9. Revenue generated total contract: \$0.00	
10. New total amount for each fiscal year:			
Year 2013 \$168,294.00			
Year _____ \$ _____			
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.) Increase grant award due to increases in the following local agency expenses: an approved salary increase, which resulted in a corresponding increase in fringe benefits; increased space costs resulting from a delayed move-in date relating to a location change, and an unexpected need for telephone repair. 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>Eric Muller</i>		41. Date Approved: 5/23/13	
44. Attorney General's Office approval: <i>DSS</i>		45. Date Approved: 6/7/13	
42. Budget agency approval: <i>[Signature]</i>		43. Date Approved: 6/5/13	
46. Agency representative receiving from AG: <i>[Signature]</i>		47. Date Approved:	

66390-001

# 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

<b>Requisition No.</b>	<b>Date</b>	<b>Required Date</b>	<b>Page</b>
0000021639	05/16/2013		1 of 1
<b>Fund/Account:</b> 61900 / 583110			
<b>Dept Number:</b> 195070			
<b>Project Number:</b> 400361014250013			
<b>Requisition Number:</b> 0000021639			
<b>Requestor:</b> GALLEN Allen, Gary-400			
<b>Agency Number:</b> 00400 Department of Health			
<b>Facility:</b>			

## MUST COMPLETE FOR ICPR

☐ Print REQ  
☐ Streamline Eligible

Line	Item	Description	Quantity	UOM	Unit Price	Ext Amt
1-1	RFP# 12-50.	Amend #1 A70-3-070463, 10/1/12-9/30/13	1.0000	LO	7,032.0000	7,032.00

Vendor: 0000075755 MARSHALL CTY TREASURER

<< EDS# A70-3-070463  
EXISTING PURCHASE ORDER #13527262 >>

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

**Requisition Total \$ 7,032.00**

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

8

61900-583110-4003610142500  
WIC 149-2

**Amendment No. 1  
EDS Number A70-3-070463**

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 **Marshall County Health Department** (hereinafter referred to as the "Grantee") for the period from **October 1, 2012 through September 30, 2013**, in the amount of **\$161,262**.

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 **\$7,032** making the new total of the Grant Agreement **\$168,294**. The additional funds will be used **due to increases in the following local agency expenses: an approved salary increase, which resulted in a corresponding increase in fringe benefits; increased space costs resulting from a delayed move-in date relating to a location change; and an unexpected need for telephone repair.** 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:

  
BYRON M. HOLM, M.D.  
HEALTH OFFICER  
MARSHALL COUNTY HEALTH DEPARTMENT


DATE: 5-9-13

Attested By:

  
PENNY LUKENS  
AUDITOR  
MARSHALL COUNTY

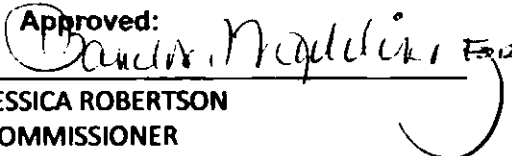
DATE: 5-6-13

Recommended and Approved By:

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


DATE: 5/23/13

Approved:

  
JESSICA ROBERTSON  
COMMISSIONER  
INDIANA DEPARTMENT OF ADMINISTRATION


DATE: 6.4.13

Approved:

  
CHRISTOPHER B. ATKINS, DIRECTOR  
STATE BUDGET AGENCY  
STATE OF INDIANA

DATE: 6/5/13

Approved as to Form and Legality:

  
GREGORY F. ZOELLER  
ATTORNEY GENERAL OF INDIANA

DATE: 6/7/13

## ATTACHMENT A-1

### Budget Summary

Grant Name	USDA WIC Program - FY 2013
Local Agency	Marshall County Health Department
Clinic Operations Caseload	1257
Breastfeeding Promotion Caseload	186
FTE Breastfeeding Promotion	0.15
FTE Clinic Operations	2.6
Participants Per FTE Clinic Operations	483
Clinic Operations Amount	\$161,695.00
Breastfeeding Promotion Amount	\$6,599.00
Total Proposed Amount	\$168,294.00

Budget Line Item	Amount	Amended Amount	Amended Total
Fringe Breastfeeding Promotion	\$452.00	(\$12.00)	\$440.00
Salaries Breastfeeding Promotion	\$5,920.00	(\$166.00)	\$5,754.00
Supplies Breastfeeding Promotion	\$200.00		\$200.00
Travel Breastfeeding Promotion	\$205.00		\$205.00
<b>Total Breastfeeding Promotion</b>	<b>\$6,777.00</b>	<b>(\$178.00)</b>	<b>\$6,599.00</b>
Communications Clinic Operations	\$3,000.00	\$85.00	\$3,085.00
Contract Services Clinic Operations	\$670.00		\$670.00
Fringe Clinic Operations	\$18,582.00	\$2,870.00	\$21,452.00
Nutrition Education Supplies Clinic	\$2,000.00		\$2,000.00
Salaries Clinic Operations	\$96,717.00	\$2,950.00	\$99,667.00
Space Cost Clinic Operations	\$27,516.00	\$1,305.00	\$28,821.00
Supplies Clinic Operations	\$3,200.00		\$3,200.00
Travel Clinic Operations	\$300.00		\$300.00
Travel Nutrition Education Clinic Operations	\$2,500.00		\$2,500.00
<b>Total Clinic Operations</b>	<b>\$154,485.00</b>	<b>\$7,210.00</b>	<b>\$161,695.00</b>
<b>Total Amount</b>	<b>\$161,262.00</b>	<b>\$7,032.00</b>	<b>\$168,294.00</b>