

JUL 30 2014

20380
JLC

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 04 ENT'D

DOA Contracts

965
A

1. EDS Number: A70-4-070522		2. Date prepared: 6/30/2014	
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: \$3,192.06		7. New contract total: 182,601.88	
8. Revenue generated this action: \$0.00		9. Revenue generated total contract: \$0.00	
10. New total amount for each fiscal year:			
Year 2014 \$189,409.82			
Year 2015 \$3,192.06			
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			
14. Name of agency: Department of Health			
15. Requisition Number: 0000026135			
16. Address: 2 N. Meridian Street Indianapolis, IN 46204			
AGENCY CONTACT INFORMATION			
17. Name: Steven A. Gale		18. Telephone #: 317/233-9243	
19. E-mail address: sgale1@isdh.in.gov			
COURIER INFORMATION			
20. Name: Michael P. Mendyk		21. Telephone #: 317-234-7853	
22. E-mail address: mmendyk@isdh.in.gov			
VENDOR INFORMATION			
23. Vendor ID # 0000076857			
24. Name: HENDRICKS COUNTY HEALTH FOUNDATION		25. Telephone #: (317) 745-3768	
26. Address: HENDRICKS COUNTY HEALTH FOUNDATION 247 S WAYNE ST DANVILLE, IN 46122-0409			
27. E-mail address: mjrardi@hendricks.org			
28. Is the vendor registered with the Secretary of State? (Out of State Corporations, must be registered) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
29. Primary Vendor: M/WBE/IN-Veteran		30. Primary Vendor Percentages	
Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		100.0 %	
Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
IN-Veteran: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
31. Sub Vendor: M/WBE/IN-Veteran		32. If yes, list the %:	
Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Minority: _____ %	
Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Women: _____ %	
IN-Veteran: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		IN-Veteran: _____ %	
33. Is there Renewal Language in the document?		34. Is there a "Termination for Convenience" clause in the document?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
35. Will the attached document involve data processing or telecommunications systems(s)? <input type="checkbox"/> 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.)			
OAG-ADVISORY			
40. Agency fiscal officer or representative approval <i>[Signature]</i>		41. Date Approved 7/29/14	
44. Attorney General's Office approval <i>[Signature]</i>		45. Date Approved 8/11/2014	
42. Budget agency approval <i>[Signature]</i>		43. Date Approved 8/10/14	
46. Agency representative receiving from AG		47. Date Approved	



73883-001

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
0000026135	07/23/2014		1 of 1
Fund/Account: 61900 / 571100			
Dept Number: 195070			
Project Number: 40010557WICAD14			
Requisition Number: 0000026135			
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 A70-4-070522, 10/1/13-9/30/14	1.0000	LO	3,192.0600	3,192.06

Vendor: 0000076857 HENDRICKS COUNTY HEALTH FOUNDATION

<< PLEASE SEE ATTACHED CONTRACT
CONTRACT DATE 10/1/13-9/30/14
CONTRACT AMOUNT \$3,192.06

EXISTING PURCHASE ORDER # 14547537 >>

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

Requisition Total \$ 3,192.06

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

SD

**Amendment No. 1
EDS Number A70-4-070522 (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 **Hendricks County Health Foundation Inc** (hereinafter referred to as the "Grantee") for the period from **October 1, 2013 through September 30, 2014**, in the amount of **\$189,409.82**.

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 **\$3,192.06** making the new total of the Grant Agreement **\$192,601.88**. The additional funds will be used to **support personnel, fringe, nutrition education activities, outreach activities, travel, other needs for Hendricks County**. See Attachment B1, attached hereto, which replace 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.

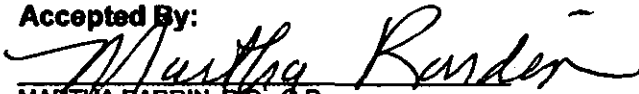
Non-Collusion and Acceptance

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:


MARTHA RARDIN, R.D., C.D.
PRESIDENT
HENDRICKS COUNTY HEALTH FOUNDATION INC

DATE:

7/21/14


Recommended and Approved By:


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

DATE:

7/29/14

Approved:


JESSICA ROBERTSON, COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE:

8/5/14

Approved:


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

DATE:

8/10/14

Approved as to Form and Legality:


GREGORY F. ZOELLER
ATTORNEY GENERAL OF INDIANA

DATE:

8/11/2014

Attachment B1 - Budget Summary



**Indiana State
Department of Health**



Local Agency Budget

Name of Organization:	Hendricks County Health Foundation		
Employer ID Number (EIN)			
Breastfeeding Region	Tippecanoe	Federal Fiscal Year	2014

Address:	247 South Wayne Street		
City:	Danville	State:	Indiana
		Zip:	46122-1925

Phone:	(317) 745-3768	Fax:	(317) 745-0740
Website:			

Name of Chief Executive:	Martha J. Rardin, R.D., C.D.		
Title:	President	Phone:	
Email:	mirardi@hendricks.org		

Name of WIC Coordinator:	Donnice Barnett		
Title:	Coordinator	Phone:	
Email:			

Clinic Operation Caseload	1331	Breastfeeding Promotion Caseload	202
FTE	3.06	Participants Per FTE	501

WIC Nutrition Services & Admin (NSA) Total Costs:	\$	192,601.88
Breastfeeding Promotion Costs:	\$	5,928.12
Personnel - Salary:	\$	5,200.00
Personnel - Fringe:	\$	497.56
Travel:	\$	230.56
Clinic Operations Costs:	\$	186,673.76
Personnel - Salary:	\$	133,147.74
Personnel - Fringe:	\$	16,071.74
Travel - Clinic Operations:	\$	243.76
Travel - Nutrition Ed:	\$	47.52
Supplies:	\$	3,913.00
Communication:	\$	2,712.00
Contract Services:	\$	7,425.00
Space Costs:	\$	23,113.00