

18797

JUN 10 2013



EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-09)

Received

Instructions for completing the EDS and the Contract process.

JUN 24 2013

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.

IDOA Contracts

8/15

KG

1. EDS Number: A70-3-070415	2. Date prepared: 4/16/2013
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# 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: \$10,327.00	7. New contract total: 59,264.00
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year 2013	\$47,030.00
Year 2014	\$12,234.00
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 checked="" type="checkbox"/> Negotiated <input type="checkbox"/> Bid/Quotation <input type="checkbox"/> Emergency <input type="checkbox"/> Special Procurement <input type="checkbox"/> RFP# <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): (PUBLIC LAW 111-80), 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.) Additional funding for transition of Jennings County's caseload effective 3/1/13 and Jefferson County's caseload effective 5/1/13 to New Hope Services. The Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act, 2010 (Public Law 111-80) provides funds for WIC State agencies to build upon and expand breastfeeding peer counseling efforts. The goal of the funding is to incorporate USDA's Peer Counseling Loving Support™ Model into WIC clinic core services so that participant breastfeeding rates increase. The vendor must support the Indiana WIC Breastfeeding Peer Counselor Program within the vendor's service area.	
38. Justification of vendor selection and determination of price reasonableness: The State contracts with local agency WIC sponsors to provide peer counseling services within the vendor's service area. Funds are awarded to the vendor based on the following criteria:	
39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)	
40. Agency fiscal officer or representative approval Erin Muller	41. Date Approved 6/17/13
44. Attorney General's Office approval KG	45. Date Approved 7-1-13
42. Budget Agency approval	43. Date Approved 6-25-13
46. Agency representative receiving from AG	47. Date Approved

AGENCY INFORMATION	
14. Name of agency: Department of Health	15. Requisition Number: 0000021804
16. Address: 2 N. Meridian Street Indianapolis, IN 46204	
AGENCY CONTACT INFORMATION	
17. Name: Erin Czajkowski	18. Telephone #: 317/234-3536
19. E-mail address: eczajkowski@isdh.in.gov	
COURIER INFORMATION	
20. Name: Jennifer Myers	21. Telephone #: 317-234-8313
22. E-mail address: Jmyers1@isdh.in.gov	
VENDOR INFORMATION	
23. Vendor ID # 0000053958	
24. Name: NEW HOPE SERVICES INC	25. Telephone #: (812) 288-8248
26. Address: NEW HOPE SERVICES, INC 725 WALL ST JEFFERSONVILLE, IN 47130	
27. E-mail address: James_Bosley@newhopeservices.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 Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IN-Veteran: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30. Primary Vendor Percentages 100.0 %
31. Sub Vendor: M/WBE Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IN-Veteran: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32. If yes, list the %: Minority: _____ % Women: _____ % IN-Veteran: _____ %
33. Is there Renewal Language in the document? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Is there a "Termination for Convenience" clause in the document? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

RECEIVED

JUL 01 2013

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. 0000021804	Date 06/13/2013	Required Date	Page 1 of 1
Fund/Account: 61910 / 573100			
Dept Number: 195070			
Project Number: 400361014430013			
Requisition Number: 0000021804			
Requestor: HTRUE True, Helen-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
1-1	AMENDMENT NO 1 A70-3-070415 BEGIN DATE 10/1/12 END DATE 9/30/13	A70-3-070415 WPCG 953-1	1.0000	EA	10,327.0000	10,327.00

Vendor: 0000053958 NEW HOPE SERVICES INC

AMENDMENT NO 1
A70-3-070415
BEGIN DATE 10/1/12
END DATE 9/30/13

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

Requisition Total \$ 10,327.00

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

61900-573100-4003610144300
WPCG 953-1

**Amendment No. 1
EDS Number A70-3-070415**

This is an Amendment to the existing **W.I.C. Peer Counselor Grant** Grant Agreement entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **New Hope Services, Inc.** (hereinafter referred to as the "Grantee") for the period from **October 1, 2012** through **September 30, 2013**, in the amount of **\$48,937**.

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 **\$10,327** making the new total of the Grant Agreement **\$59,264**. The additional funds will be used for **the transition of Jennings County's case load effective 3/1/13 and Jefferson County's case load effective 5/1/13 to New Hope Services**. 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:


JAMES A. BOSLEY
PRESIDENT/CEO
NEW HOPE SERVICES, INC.

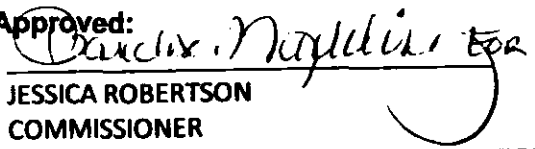
DATE: 5-28-13

Recommended and Approved By:


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

DATE: 6/17/13

Approved:


JESSICA ROBERTSON
COMMISSIONER
INDIANA DEPARTMENT OF ADMINISTRATION

DATE: 6.25.13

Approved:


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

DATE: 6-28-13

Approved as to Form and Legality:


GREGORY F. ZOELLER
ATTORNEY GENERAL OF INDIANA

DATE: 7-1-13

ATTACHMENT A-1

Budget Summary

Grant Name	FY 2013 - USDA WIC Breastfeeding Peer Counselor
Local Agency	NEW HOPE SERVICES INC
Caseload	982
FTE	1.8
Participants Per FTE	394
Total Proposed Amount	\$59,264.00

Budget Line Item	Amount	Amended Amount	Amended Total
Fringe	\$5,112.00	\$1,032.00	\$6,144.00
Other	\$1,152.00	\$570.00	\$1,722.00
Salaries	\$40,913.00	\$6,700.00	\$47,613.00
Travel	\$1,760.00	\$325.00	\$2,085.00
Supplies	\$0.00	\$1,700.00	\$1,700.00
Total	\$48,937.00	\$10,327.00	\$59,264.00

The Grantee supports the ISDH WIC Breastfeeding Peer Counselor Program within the Grantee's service area. These funds enable Indiana WIC to maintain an effective breastfeeding peer counselor program. Combining peer counseling with the ongoing breastfeeding promotion in WIC agencies has the potential to influence breastfeeding rates among WIC participants and increase breastfeeding duration rates.