

**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**

APR 15 2014

DOA Contracts

65  
JS

1. EDS Number: A70-4-070559	2. Date prepared: 3/10/2014
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**3. CONTRACTS & LEASES**

<input type="checkbox"/> Professional/Personal Services	<input type="checkbox"/> Contract for procured Services
<input checked="" type="checkbox"/> Grant	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Lease	<input type="checkbox"/> License Agreement
<input type="checkbox"/> Attorney	<input checked="" type="checkbox"/> Amendment# 1
<input type="checkbox"/> MOU	<input type="checkbox"/> Renewal #
<input type="checkbox"/> QPA	<input type="checkbox"/> Other

**FISCAL INFORMATION**

4. Account Number: 61900-94000.573100	5. Account Name: ISDH DOAg Fund
6. Total amount this action: \$6,400.00	7. New contract total: 28,297.00
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year 2014	\$28,297.00
Year	\$
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 checked="" type="checkbox"/> Negotiated <input type="checkbox"/> RFP# <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):  
IC 16-19-3-24.537. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.)  
Original grants effective 10/01/2013 were initiated with budget amounts based on the previous year's federal grant award. Subsequently Indiana received its 2014 federal fiscal year grant award which was higher than the previous year. Therefore, additional funds are being added to the sub-grantee agreements. This amendment adds \$6,400.00 bringing the new grant award to \$28,297.0038. Justification of vendor selection and determination of price reasonableness:  
The State contracts with local receiving agencies to administer the Indiana TEFAP Program pursuant to statutory authority IC 16-19-3-24.5 and Public Law 104-191. Funding is determined by a formula based on 60% of the population living at 185% poverty and 40% of the population that are unemployed. Current Grantees include all food banks participating in the Indiana TEFAP program. Each has a pre-determined regional area in the state that they serve. Current Grantee has historically provided these services. Grantee has the expertise and staff to distribute food to other food outlets receiving TEFAP foods.

39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)

**RECEIVED**

APR 21 2014

**OAG-ADVISORY**

40. Agency fiscal officer or representative approval <i>Erin Muller</i>	41. Date Approved 3/31/14	42. Budget agency approval <i>[Signature]</i>	43. Date Approved 4/17/14
44. Attorney General's Office approval JFS	45. Date Approved 4-23-14	46. Agency representative receiving from AG <i>[Signature]</i>	47. Date Approved

# 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> 0000024917	<b>Date</b> 03/21/2014	<b>Required Date</b>	<b>Page</b> 1 of 1
<b>Fund/Account:</b> 61900 / 573100			
<b>Dept Number:</b> 195070			
<b>Project Number:</b> 40010568TEFAP14			
<b>Requisition Number:</b> 0000024917			
<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
Original grants effective 10/01/2013 were initiated with budget amounts based on the previous year's federal grant award. Subsequently Indiana received its 2014 federal fiscal year grant award which was higher than the previous year. Therefore, additional funds are being added to the sub-grantee agreements. This amendment adds \$6,400.00 bringing the new grant award to \$28,297.00						
1-1		Amend #1 EDS# A70-4-070559, 10/1/13-9/30/14	1.0000	LO	6,400.0000	6,400.00

Vendor: 0000308008 DARE TO CARE INC

<< PLEASE SEE ATTACHED CONTRACT  
CONTRACT DATE 10/1/13-9/30/14  
CONTRACT AMOUNT \$6,400.00  
EXISTING PURCHASE ORDER #14526038 >>

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

**Requisition Total \$ 6,400.00**

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

**Amendment No. 1**  
**EDS Number A70-4-070559 (TEFAP)**

This is an Amendment to the existing The Emergency Food Assistance Program Grant Agreement entered into by and between the Indiana State Department of Health (hereinafter referred to as the "State") and DARE TO CARE, INC (hereinafter referred to as the "Grantee") for the period from October 1, 2013 through September 30, 2014, in the amount of \$21,897.

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 \$6,400 making the new total of the Grant Agreement \$28,297. The increase in funds is due to the original grant effective 10/1/13 was initiated with budget amounts based on the previous year's federal grant award. Subsequently Indiana received its 2014 federal fiscal year grant award which was higher than the previous year. Therefore, additional funds are being added to the sub-grantee agreement. 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:

  
BRIAN RIENDEAU  
EXECUTIVE DIRECTOR  
DARE TO CARE, INC

DATE: 3/18/2014

Recommended and Approved By:

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

DATE: 3/31/14

Approved:

  
JESSICA ROBERTSON, COMMISSIONER  
DEPARTMENT OF ADMINISTRATION  
STATE OF INDIANA

DATE: 4.16.14

Approved:

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

DATE: 4/17/14

Approved as to Form and Legality:

  
GREGORY F. ZOELLER  
ATTORNEY GENERAL OF INDIANA

DATE: 4-23-14