

19207

AUG 13 2013

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 14 2013

DOA Contracts

1. EDS Number: A70-3-106065		2. Date prepared: 8/8/2013	
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: 61910-94000.573100		5. Account Name: ISDH DHHS Fund	
6. Total amount this action: \$1,477.00		7. New contract total: 24,893.00	
8. Revenue generated this action: \$0.00		9. Revenue generated total contract: \$0.00	
10. New total amount for each fiscal year:			
Year 2013 \$24,893.00			
Year \$			
Year \$			
Year \$			
TIME PERIOD COVERED IN THIS EDS			
11. From (month, day, year): 8/15/2012		12. To (month, day, year): 8/14/2013	
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): 410 IAC 1-2.3			
37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.) To support program activities that provide navigation of the US health care system, interpretation for healthcare services and transportation for health related appointments for both primary and secondary refugees. Additional funds have been made available allowing Amendment #1 to add \$1,477 to the current grant to provide additional support for the staff position that is currently only partially funded by this grant.			
38. Justification of vendor selection and determination of price reasonableness: Vendor is located in the area being served.			
39. If this contract is submitted late, please explain why: (Required if more than 30 days late.) Late submission due to awaiting Notice of Award.			
40. Agency fiscal officer or representative approval		41. Date Approved	
44. Attorney General's Office approval		45. Date Approved	
42. Budget agency approval		43. Date Approved	
46. Agency representative receiving from AG		47. Date Approved	

AGENCY INFORMATION

14. Name of agency: Department of Health	15. Requisition Number: 0000022583
16. Address: 2 N. Meridian Street Indianapolis, IN 46204	

AGENCY CONTACT INFORMATION

17. Name: Meredith Ulpchurch	18. Telephone #: 317/234-7252
19. E-mail address: mupchurch@isdh.in.gov	

COURIER INFORMATION

20. Name: Jennifer Myers	21. Telephone #: 317-233-7853
22. E-mail address: jmyers1@isdh.in.gov	

VENDOR INFORMATION

23. Vendor ID # 0000095056	
24. Name: THE ARCHDIOCESE OF INDIANAPOLIS	25. Telephone #: 317-236-1553
26. Address: CATHOLIC SOCIAL SERVICES OF 1400 N MERIDIAN ST INDIANAPOLIS, IN 46202	
27. E-mail address: gcampo@archindy.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/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	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

AUG 20 2013

OAG-ADVISORY

65570-001

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. 0000022583	Date 08/13/2013	Required Date	Page 1 of 1
Fund/Account: 61910 / 573100			
Dept Number: 195106			
Project Number: 400361014130013			
Requisition Number: 0000022583			
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
1-1		Vendor is located in the area being served. Amend #1 A70-3-106065, 8/15/12-8/14/13	1.0000	LO	1,477.0000	1,477.00

Vendor: 0000095056 THE ARCHDIOCESE OF INDIANAPOLIS

<< EDS# A70-3-106065
EXISTING PURCHASE ORDER #13530964 >>

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

Requisition Total \$ 1,477.00

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

AH

**61910-573100-4003610141300
HPR 1254-2**

**Amendment No. 1
EDS Number A70-3-106065**

This is an Amendment to the existing **Health Program for Refugees Grant Agreement** entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **Catholic Charities of the Archdiocese of Indianapolis, Inc d.b.a. Catholic Charities Indianapolis** (hereinafter referred to as the "Grantee") for the period from **August 15, 2012** through **August 14, 2013**, in the amount of **\$23,416**.

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 **\$1,477** making the new total of the Grant Agreement **\$24,893**. The additional funds will be used to **provide additional support for the staff position that is currently only partially funded by this grant**. 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:

Gabrielle Campo Neal
GABRIELLE CAMPO
DIRECTOR
CATHOLIC CHARITIES OF THE ARCHDIOCESE
OF INDIANAPOLIS, INC
d.b.a. Catholic Charities Indianapolis

DATE: 8/12/13

Recommended and Approved By:

William C. Vanness II (for)
WILLIAM C. VANNESS II, MD
STATE HEALTH COMMISSIONER
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 8/13/13

Approved:

Jessica Robertson (for)
JESSICA ROBERTSON, COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE: 8.14.13

Approved:

Brian E. Bailey (for)
BRIAN E. BAILEY, DIRECTOR
STATE BUDGET AGENCY
STATE OF INDIANA

DATE: 8/19/13

Approved as to Form and Legality:

Gregory F. Zoeller (for)
GREGORY F. ZOELLER
ATTORNEY GENERAL OF INDIANA

DATE: 8/21/13