

**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
SEP 06 ENT'D
DOA Contracts

1. EDS Number: A70-4-070581		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: \$15,500.52		7. New contract total: 377,988.10	
8. Revenue generated this action: \$0.00		9. Revenue generated total contract: \$0.00	
10. New total amount for each fiscal year:			
Year 2014 \$382,497.58			
Year 2015 \$15,500.52			
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)			
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): 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.)			
40. Agency fiscal officer or representative approval Jared Esterl			
41. Date Approved 9/4/14		42. Budget agency approval JH	
43. Date Approved 9/11/14		44. Agency representative receiving from AG	
45. Date Approved 9.12.14		46. Agency representative receiving from AG	
47. Date Approved		48. Agency representative receiving from AG	

20392

SEP 06 2014

AGENCY INFORMATION

14. Name of agency: Department of Health	15. Requisition Number: 0000028139
16. Address: 2 N. Meridian Street Indianapolis, IN 46204	

AGENCY CONTACT INFORMATION

17. Name: Alex Tulkop	18. Telephone #: 317/233-7458
19. E-mail address: etulkop1@isdh.in.gov	

COURIER INFORMATION

20. Name: Michael P. Mendyk	21. Telephone #: 317-233-7853
22. E-mail address: mmendyk@isdh.in.gov	

VENDOR INFORMATION

23. Vendor ID # 0000076975	
24. Name: WARRICK HOSPITAL INC	25. Telephone #: (812) 897-7112
26. Address: ST MARY'S WARRICK HOSPITAL 1116 MILLIS AVE. BOONVILLE, IN 47601	
27. E-mail address: kjhall@stmarys.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

SEP 12 2014

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.	Date	Required Date	Page
0000026139	07/23/2014		1 of 1
Fund/Account:	61900 / 573100		
Dept Number:	195070		
Project Number:	40010557WICAD14		
Requisition Number:	0000026139		
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		Amend #1 A70-4-070561,10/1/13-9/30/14	1.0000	LO	15,500.5200	15,500.52

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.

Vendor: 0000076975 WARRICK HOSPITAL INC

<< PLEASE SEE ATTACHED CONTRACT
CONTRACT DATE 10/1/13-9/30/14
CONTRACT AMOUNT \$15,500.52

EXISTING PURCHASE ORDER # 14525133 >>

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

Requisition Total \$ 15,500.52

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

SP

**Amendment No. 1
EDS Number A70-4-070561 (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 St. Mary's Warrick Hospital, Inc. (hereinafter referred to as the "Grantee") for the period from October 1, 2013 through September 30, 2014, in the amount of \$362,497.58.

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 \$16,500.52 making the new total of the Grant Agreement \$377,998.10. The additional funds will be used to provide personnel, fringe, nutrition education activities, outreach activities, travel and other miscellaneous needs for the agency. 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:


~~GAROL GODSEY~~ Kathy Hall
ADMINISTRATOR
ST. MARY'S WARRICK HOSPITAL, INC.

DATE: 8/28/2014

Recommended and Approved By:

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

DATE: 9/4/14

Approved:

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

DATE: 9/10/14

Approved:

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

DATE: 9/11/14

Approved as to Form and Legality:

 (for)
GREGORY F. ZOELLER
ATTORNEY GENERAL OF INDIANA

DATE: 9.12.14

Attachment B1 - Budget Summary



**Indiana State
Department of Health**

**INDIANA WIC
Local Agency Budget**

Name of Organization:	St. Mary's Warrick Hospital, Inc.		
Employer ID Number (BIN)			
Breastfeeding Region	Monroe	Federal Fiscal Year	2014

Address:	1116 Millis Avenue		
City:	Boonville	State:	Indiana
Zip:	47601		

Phone:	812-897-4800	Fax:	812-897-7375
Website:			

Name of Chief Executive:	Kathy Hall		
Title:	Director	Phone:	812-897-7112
Email:	kihall@stmarys.org		

Name of Program Contact:	Darla Reinbrecht		
Title:	WIC Coordinator	Phone:	812-897-4182
Email:	Darla.Reinbrecht@stmarys.org		

Clinic Operation Caseload	1826	Breastfeeding Promotion Caseload	242
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WIC Nutrition Services & Admin (NSA) Total Costs:	\$ 377,998.10
Breastfeeding Promotion Costs:	\$ 15,321.01
Personnel - Salary	\$ 9,114.56
Personnel - Fringe	\$ 4,010.41
Travel	\$ 2,196.04
Clinic Operations Costs:	\$ 362,677.09
Personnel - Salary	\$ 220,831.57
Personnel - Fringe	\$ 70,471.62
Travel - Clinic Services	\$ 4,870.64
Travel - Nutrition Education	\$ 1,258.76
Supplies	\$ 8,536.50
Communication	\$ 7,495.04
Contract Services	\$ 3,731.04
Space Costs	\$ 45,481.92