

AUG 14 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 15 2013

IDOA Contracts

10/7

1. EDS Number: A70-3-106066	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
4. 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	\$
11. 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 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): 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: Exodus Refugee/Immigration, Inc., has an existing foreign-born program, and as part of that program, this grant assists in providing services to refugees resettling in Marion County.	
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 <i>Erin Miller</i>	41. Date Approved 8/22/13
44. Attorney General's Office approval <i>amo</i>	45. Date Approved 8/23/13
42. Budget agency approval <i>[Signature]</i>	43. Date Approved 8/22/13
46. Agency representative receiving from AG <i>[Signature]</i>	47. Date Approved

14. Name of agency: Department of Health		15. Requisition Number: 0000019270
16. Address: 2 N. Meridian Street Indianapolis, IN 46204		
17. AGENCY CONTACT INFORMATION		
17. Name: Meredith Upchurch	18. Telephone #: 317/234-7252	
19. E-mail address: mupchurch@isdh.in.gov		
20. COURIER INFORMATION		
20. Name: Jennifer Myers	21. Telephone #: 317-233-7853	
22. E-mail address: jmyers1@isdh.in.gov		
23. VENDOR INFORMATION		
23. Vendor ID # 0000057898	24. Name: EXODUS REFUGEE/IMMIGRATION INC	
25. Telephone #: 317-921-0836		
26. Address: EXODUS REFUGEE IMMIGRATION 1125 BROOKSIDE AVE STE C9 INDIANAPOLIS, IN 46202		
27. E-mail address: cmiller@exocuserfugee.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 23 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

<b>Requisition No.</b> 0000022584	<b>Date</b> 08/13/2013	<b>Required Date</b>	<b>Page</b> 1 of 1
<b>Fund/Account:</b> 61910 / 573100			
<b>Dept Number:</b> 195106			
<b>Project Number:</b> 400361014130013			
<b>Requisition Number:</b> 0000022584			
<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
1-1		Exocus Refugee/Immigration, Inc., has an existing foreign-born program, and as part of that program, this grant assists in providing services to refugees resettling in Marion County. Amend #1 A70-3-106066, 8/15/12-8/14/13	1.0000	LO	1,477.0000	1,477.00

Vendor: 0000057898 EXODUS REFUGEE/IMMIGRATION INC

<< EDS# A70-3-106066  
EXISTING PURCHASE ORDER #13527555 >>

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

PH

61910-573100-4003610141300  
HPR 1251-2

**Amendment No. 1  
EDS Number A70-3-106066**

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 **Exodus Refugee/Immigration, Inc.** (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.**

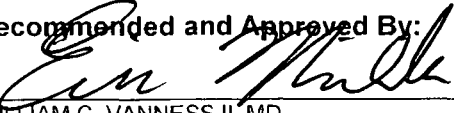
**In Witness Whereof**, the Grantee and the State of Indiana have, through duly authorized representatives, entered into this Grant Agreement Amendment. The parties having read and understanding the foregoing terms of the Grant Agreement Amendment do by their respective signatures dated below agree to the terms thereof.

**Accepted By:**

  
CARLEEN MILLER  
EXECUTIVE DIRECTOR  
EXODUS REFUGEE/IMMIGRATION, INC.

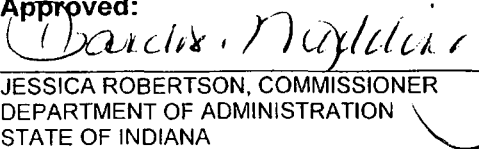
DATE: 8-12-2013

**Recommended and Approved By:**

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


DATE: 8/13/13

**Approved:**

  
JESSICA ROBERTSON, COMMISSIONER  
DEPARTMENT OF ADMINISTRATION  
STATE OF INDIANA

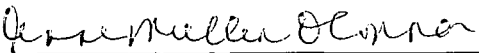
DATE: 8.16.13

**Approved:**

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

DATE: 8/22/13

**Approved as to Form and Legality:**

  
GREGORY F. ZOELLER  
ATTORNEY GENERAL OF INDIANA

DATE: 8/23/13

**Attachment A-1  
(A70-3-106066)**

**Name of Contractor:** Exodus Refugee Immigration Inc.  
1125 Brookside Avenue, Suite C9, Indianapolis, IN 46202

**Period of Performance:** 08/15/2012 – 08/14/2013

The objectives of the Refugee Preventive Health Grant are:

1. **To increase the statewide documented post-arrival health screening of newly arriving eligible refugees to 85% for FY 2012-2013.**
2. **To establish a statewide baseline rate for referrals made and kept during FY 2012 - 2013 for TB, parasites, mental health services, dental services, and referral to a medical home.**
3. **To provide secondary refugees with initial health screening, the assistance of a health navigator, transportation and interpretation as needed for follow-up medical services through grant supported organizations and activities**
4. **Initiate quality assurance activities to validate the accuracy and timeliness of medical screening, referral and follow-up data entered in ITARA.**

**Description of Activities:**

These funds will be used to support the activities of a part-time Health Navigator/Interpreter who is instrumental in helping the refugee receive their domestic health screenings as well as transition to life in America. All the services are provided using cultural sensitivity, with culturally competent interpretation in the refugee's language. This program works closely with the Marion County Public Health Department to assure appropriate follow-up of health conditions by linking the refugees to a primary care practitioner, and assisting the refugees in navigating the health system.

**Deliverable:**

- Increase the number of primary refugees who have health screening initiated within 30 days to 85%.
- Track and report the kinds and number of referrals for which assistance is provided
- Track the number and record name, DOB, Alien Number, etc. of secondary refugees seeking assistance at your agency and report them to the Refugee Health Coordinator to be entered into ITARA
- Provide monthly data on the number of refugee receiving health screens and the number of referrals made for audit and quality assurance purposes.
- Provide quarterly reports (Attachment B) by the following dates November 14, 2012, February 14, 2013, May 14, 2013, and August 14, 2013.

**Itemized Budget:**

<b>Personnel</b>	<b>\$17,977</b>
One (1) Health Navigator	
Original personnel amount = \$16,500	
Amended personnel increase amount = \$1,477	
<b>Fringe Benefits</b>	<b>\$2,105</b>
FICA = \$1,262 and Workers Comp = \$843	
<b>Staff Travel</b>	
In-state travel (\$0.44/mile x 1,500 mi)	<b>\$660</b>
<b>Transportation for Clients</b>	<b>\$1,742</b>
Taxi (\$3.00 pickup + \$2.00/mi)	
Bus fare (\$1.75/trip)	
<b>Interpretation</b>	<b>\$1,989</b>
Face to Face (\$65/hr)	
Phone medical interpretation (\$1.40/minute)	
<b>Communications</b>	<b>\$420</b>
Phone (\$35/month x 12 months)	
<b>TOTAL FINANCIAL ASSISTANCE</b>	<b>\$24,893</b>

All invoices must be submitted monthly; accompanied by written documentation of actual expenditures for all claimed items. The Grantee will be paid monthly for the deliverables defined and referenced above. Such payment shall be made in arrears upon receipt and approval of invoice.