

**EXECUTIVE DOCUMENT SUMMARY** 

1. Please read the guidelines on the back of this form. 1.

- 2. Please type all information. IDOA Contracts

| AGENCY INFORMATION                          |                                    |
|---|------------------------------------|
| 14. Name of agency:<br>Department of Health | 15. Requisition Number: 0000026383 |
|   |                                    |

16. Address: 2 N. Meridian Street Indianapolis, IN 46204

| 3. Check all boxes that ap   | . •                            | 991111000                              |  |                                 |
|--|--------------------------------|--|--|---------------------------------|
| <ol> <li>For amendments / rene</li> <li>Attach additional pages</li> </ol>   | _                              |  | AGENCY CONTACT   | INFORMATION                     |
|  | ·                              | 10/10                                  | 17. Name:<br>Douglas Adam  | 18. Telephone #: 317/234-8230   |
| 1. EDS Number:   | 2. Date prepared 7/16/2014     | $(\mathcal{M})$                        | 19. E-mail address:  |                                 |
| A70-4-070553   | CTS & LEASES                   | 10                                     | dadam@isdh.in.gov  |                                 |
| 3. CONTRA  | OTO & LEASES                   |  | COURIER INF  | ORMATION                        |
| Professional/Personal Services     Y   | Contrac                        | t for procured Services                | 20. Name:  | 21. Telephone #:                |
| X Grant  | Mainter                        |  | Rebecca Chauhan  | 317-233-7558                    |
| Lease  |                                | Agreement ment#1_                      | 22. E-mail address:  |                                 |
| — Attorney<br>— MOU  |                                |  | rchauhan1@isdh.in.gov  |                                 |
|  |                                | al #                                   |  | ORMATION                        |
| QPA  | Other                          |  | VENDOR INF   | ORIVIA HON                      |
| FISCAL IN  | IFORMATION                     |  | 23 Vendor ID # 0000055213<br>24. Name:   | 25 Telephone #:                 |
| 4. Account Number:<br>61900-94000.573100   | 5. Account Na<br>ISDH D        | ame:<br>OAg Fund                       | FOOD BANK OF NORTHERN INDIANA  26. Address:  | 25. Telephone #: 574-232-9986   |
| 6. Total amount this action:   | 7.New contra                   | act total:                             | 702 S CHAPIN ST  |                                 |
| \$20,000.00  |                                | 50,000.00                              | SOUTH BEND, IN 46601   |                                 |
| 8. Revenue generated this action:  | 9.Revenue g                    | enerated total contract:               | <del></del>  |                                 |
| \$0.00<br>10.New total amount for each fiscal year   | <u></u>                        | \$0.00                                 | 27. E-mail address: miltonlee@feedingame   | erica.org                       |
| Year 2014 <u>\$30,000,00</u>   | аі.                            |  | 28. Is the vendor registered with the Secretary  |                                 |
| Year 2015 \$20,000,00  | -                              |  | Corporations, must be registered) X Y  | _ <del></del>                   |
| Year s   | _                              |  | 29. Primary Vendor: M/WBE/IN-Vetera Minority: Yes X No   | 30. Primary Vendor Percentages  |
| Year ¢   | _                              |  | Minority: Yes X No Women: Yes X No   | 100.0 %                         |
|  | _                              |  | Wolfield   1   1   1   1   1   1   1   1   1   |                                 |
| TIME PERIOD CO   | WERED IN THIS                  | EDS                                    | 31. Sub Vendor: M/WBE/IN-Veteran   | 32. If yes, list the %:         |
|  |                                |  | Minority: Yes X No   | Minority: %                     |
| 11. From (month, day, year):<br>10/1/2013  | 12. To ( month, o<br>9/30/2014 | lay, year ):                           | Women: Yes X No  | Women: %                        |
| 13. Method of source selection:  |                                | ·                                      | IN-Veteran Yes X No  | IN- Veteran%                    |
| Bid/Quotation Emerg  |                                | Negotiated                             | 33. Is there Renewal Language  | 34. Is there a "Termination for |
|  | _                              | Special Procurement                    | in   | Convenience" clause in the      |
| RFP# Other   | (specify) ——                   |  | Yes No   | document? X YesNo               |
| 35. Will the attached document involve da  | ta processing or tel           | ecommunications system                 | Yes: IOT or Delegate has   | signed off on contract          |
| 36. Statutory Authority (Cite applicable In IC 16-19-3-24.5  | diana or Federal (             | Codes):                                |  |                                 |
| 37. Description of work and justification for  | or spending money              | (Please vive a brief descrip           | tion of the scope of work included in this agreeme   | nt.)                            |
|  |                                |  | nmodities to other food banks throughout the states service  |                                 |
|  |                                |  | transport USDA commodities to Food Bank of Northwes  |                                 |
|  |                                |  | od is October 1, through September 30, in the amount of \$   |                                 |
| award to \$50,000.00   | rand funding. Addition         | onal funds are being added to the g    | grantee agreement. This amendment adds \$20,000.00 brin  | ging the new SPECEIVE           |
|  |                                | <del> </del>                           |  |                                 |
| 38. Justification of vendor selection and of   |                                |  | ner food banks throughout the states service areas TEFAP   | program pursuant to             |
| Public Law 107-171. Funding is determine   | ed by a receiving ager         | cies service area. Current Grantee     | ner food banks throughout the states service areas TEFAP es include Food Bank of Northwest Indiana and Communi | ity Harvest Food AUG 2 6 2014   |
| Bank. Each has a pre-determined regional   | area in the state that t       | hey serve. Current Grantee has his     | storically provided these services. Grantee has the experti  | se and staff to                 |
| distribute food to other food outlets receiv   | ing IEFAP foods.               | ······································ |  |                                 |
| 39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)  TEFAP food bank and storage and transportation FFY 14 contracts were late due to a delayed resolution from USDA related to a program requirement. |                                |  |  |                                 |
| TEFAP food bank and storage and transpo  | rtation FFY 14 contra          | cts were late due to a delayed res     | olution from USDA related to a program requirement.  | 1.5 VISOR                       |
|  |                                |  |  |                                 |
| 40. Agency fiscal officer or representative  | appro .                        | 41. Date Approved                      | 42. Budget agency approval   | 43. Date Approved               |

#### REQUISITION

Ship To:

Bill to:

State Department of Health

Section 2-C 2 N MERIDIAN ST INDIANAPOLIS IN 46204

State Department of Health

INDIANAPOLIS IN 46204

Section 2-C 2 N MERIDIAN ST Fund/Account: **Dept Number:** 

Date Required Date 08/13/2014

Page 1 of 1

Requisition No.

0000026383

61900 / 573100

195070 40010568TEFAP14

**Project Number:** 

Requisition Number: 0000026383

Requestor: Agency Number:

**GALLEN** Allen, Gary-400

00400 Department of Health

Facility:

MUST COMPLETE FOR ICPR

**Print REQ** 

Streamline Eligible

Line Item

Description

Quantity

**UOM** Unit Price

**Ext Amt** 

The State contracts with local receiving agencies to store and transport USDA commodities to other food banks throughout the states service areas TEFAP program pursuant to Public Law 107-171. Funding is determined by a receiving agencies service area. Current Grantees include Food Bank of Northwest Indiana and Community Harvest Food Bank. 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.

1-1

AMEND #1 A70-4-070553, 10/1/13-9/30/14

1.0000 LO

20,000.0000

20,000.00

Vendor:

0000055213 FOOD BANK OF NORTHERN INDIANA

<< PLEASE SEE ATTACHED CONTRACT CONTRACT DATE 10/1/13-9/30/14 CONTRACT AMOUNT \$20,000.00

EXISTING PURCHASE ORDER #14529644 >>

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

**Requisition Total \$** 

20,000.00

|                     | I certify that the item[s] requested is [are] necessary for the operation of this State Agency. |                      |  |  |
|---------------------|---|----------------------|--|--|
| Requestor Signature | Printed Name of Agency Head or Authorized Employee  | Authorized Signature |  |  |
|                     |   |                      |  |  |
|                     |   |                      |  |  |
|                     | ·   |                      |  |  |

#### 61900-573100-40010568TEFAP14 TEFAP 1038-4

### Amendment No. 1 EDS Number A70-4-070553

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 Food Bank of Northern Indiana, Inc. (hereinafter referred to as the "Grantee") for the period from October 1, 2013 through September 30, 2014, in the amount of \$30,000.

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 \$20,000 making the new total of the Grant Agreement \$50,000. The additional funds will be used to help store and transport USDA commodities when commodities cannot be directly delivered. 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.

Paragraph 5A – **Grant Funding** is amended to read:

The State shall fund this grant in the amount of \$50,000. The approved Project Budget is set forth in **Attachment B-1** of this Grant Agreement, attached hereto and incorporated herein. The Grantee shall not spend more than the amount for each line item in the Project Budget without the prior written consent of the State, nor shall the Project costs funded by this Grant Agreement and those funded by any local and/or private share be changed or modified without the prior written consent of the State.

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.

| taran da antara da a | ee and the State of Indiana have, through duly authorized Grant Agreement Amendment. The parties having read and |
|--|--|
|  | s of the Grant Agreement Amendment do by their respective  |
| signatures dated below agree to the  |  |
| / X   V/\ V  |  |
| Accepted By/   |  |
|  |  |
| MILTON LEE   | -  |
| EXECUTIVE DIRECTOR FOOD BANK OF NORTHERN INDIANA, INC.   |  |
| 3 4 3 4 1  |  |
| DATE: 8-11-2014  |  |
|  |  |
| Recommended and Approved By:   |  |
| Januar Katum   | (for)  |
| WILLIAM C. VANNESS II, MD  | (IOI)  |
| STATE MEALTH COMMISSIONER INDIANA STATE DEPARTMENT OF HEALTH   |  |
| INDIANA STATE GEPARTMENT OF HEALTH   |  |
| DATE: 8/18/14  | _  |
|  |  |
| Approved: \\   | Approved:  |
|  | (for)  |
| JESSICA ROBERTSON, COMMISSIONER  | BRIAN E. BATLEY, DIRECTOR  |
| DEPARTMENT OF ADMINISTRATION<br>STATE OF INDIANA   | STATE BURGET AGENCY STATE OF INDIANA   |
| 8/2/4  | a//.   |
| DATE: 72114  | DATE: 0/25/19  |
| ·  |  |
| Approved as to Form and Legality:  |  |
| Ine Theller O Cenne  |  |
| GREGORY F. ZOELLER   | (for)  |
| ATTORNEY GENERAL OF INDIANA  |  |
| DATE: 8/27/14  |  |
|  |  |

## **ATTACHMENT B-1**

# Food Bank of Northern Indiana TEFAP S&T FY14 Budget Amendment

# Budget

| Expense               | Original Cost | Amended Cost |
|-----------------------|---------------|--------------|
| Salaries              | \$9,360.00    | \$9,360.00   |
| Fringe                | \$2,340.00    | \$2,340.00   |
| Space Cost            | \$3,669.00    | \$775.00     |
| Transportation/Travel | \$12,131.00   | \$6,106.00   |
| Supplies              |               | \$31,419.00  |
| Contract Services     | \$2,500.00    | \$0.00       |
|                       |               |              |
| Subtotal              | \$30,000.00   | \$50,000.00  |
| Total (rounded)       | \$30,000.00   | \$50,000.00  |