

**EXECUTIVE DOCUMENT SUMMARY**

State Form 41221 (R10/4-06)

Instructions for completing the EDS and the Contract process.

- Received**
AUG 15 ENT'D
DOA Contracts
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.

AUG 13 2014

20361
JLC

1. EDS Number: A70-4-070612		2. Date prepared: 6/26/2014	
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: 61900-30700.573100		5. Account Name: ISDH DOAg Fund	
6. Total amount this action: \$18,055.61		7. New contract total: 213,139.68	
8. Revenue generated this action: \$0.00		9. Revenue generated total contract: \$0.00	
10. New total amount for each fiscal year:			
Year 2014		\$195,084.07	
Year 2015		\$18,055.61	
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) <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): 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.) The vendor administers the Women, Infants, and Children's (WIC) program in White and Carroll Counties. The Indiana Supplemental Food Program for Women, Infants and Children provides nutritious supplemental foods, nutrition education, breastfeeding support, and health care referrals to women, infants and children up to the age of five who are at nutritional risk and meet federal income guidelines (up to 185% of poverty).			
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 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 <i>[Signature]</i>			
41. Date Approved 8/14/14			
42. Budget agency approval <i>[Signature]</i>			
43. Date Approved 8/19/14			
44. Attorney General's Office approval <i>[Signature]</i>			
45. Date Approved 8/22/14			
46. Agency representative receiving from AG <i>[Signature]</i>			
47. Date Approved			



74663-001

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.	Date	Required Date	Page
0000026134	07/23/2014		1 of 1
Fund/Account:	61900 / 573100		
Dept Number:	195070		
Project Number:	40010557WICAD14		
Requisition Number:	0000026134		
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
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.						
1-1		Amend # 1 A70-4-070612, 10/1/13-9/30/14	1.0000	LO	18,055.6100	18,055.61

Vendor: 0000288659 IU HEALTH WHITE MEMORIAL HOSPITAL

<< PLEASE SEE ATTACHED CONTRACT
 CONTRACT DATE 10/1/13-9/30/14
 CONTRACT AMOUNT \$18,055.61

EXISTING PURCHASE ORDER # 14533540 >>

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

Requisition Total \$ 18,055.61

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 A70-4-070612 (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 **Indiana University Health White Memorial Hospital, Inc.** (hereinafter referred to as the "Grantee") for the period from **October 1, 2013** through **September 30, 2014**, in the amount of **\$195,084.07**.

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 **\$18,055.61** making the new total of the Grant Agreement **\$213,139.68**. The additional funds will be used to **support personnel, fringe, nutrition education activities, outreach activities, travel, other needs for White and Carroll Counties**. See Attachment B1, attached hereto, made a part hereof, which replaces Attachment B, 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:


STEPHANIE LONG
CFO
INDIANA UNIVERSITY HEALTH WHITE MEMORIAL
HOSPITAL, INC.

DATE:

8/8/14

Recommended and Approved By:


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

DATE:

8/12/14

Approved:


JESSICA ROBERTSON, COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE:

8/18/14

Approved:


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

DATE:

8/19/14

Approved as to Form and Legality:


GREGORY F. ZOELLER
ATTORNEY GENERAL OF INDIANA

DATE:

8/22/14

Attachment B1 - Budget Summary



**Indiana State
Department of Health**



Local Agency Budget

Name of Organization:	Indiana University Health White Memorial Hospital		
Employer ID Number (EIN)	27-3532963		
Breastfeeding Region	White	Federal Fiscal Year	2014

Address:	720 South Sixth Street		
City:	Monticello	State:	Indiana
		Zip:	47960-1666

Phone:	(574) 583-7111	Fax:	(574) 583-1703
Website:			

Name of Chief Executive:	Stephanie Long		
Title:	CEO	Phone:	
Email:	slong4@iuhealth.org		

Name of Program Contact:	Misty Wheeler		
Title:	WIC Coordinator	Phone:	574-583-4930
Email:	mistywhlr@yahoo.com		

Clinic Operation Caseload	1100	Breastfeeding Promotion Caseload	151
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WIC Nutrition Services & Admin (NSA) Total Costs:	\$	213,139.68
Breastfeeding Promotion Costs:	\$	6,874.38
Personnel - Salary:	\$	3,828.28
Personnel - Fringe:	\$	1,855.47
Travel:	\$	1,190.63
Clinic Operations Costs:	\$	190,943.05
Personnel - Salary:	\$	111,790.79
Personnel - Fringe:	\$	41,742.12
Travel - Clinic Services:	\$	3,381.14
Travel - Nutrition Education:	\$	-
Supplies:	\$	3,234.00
Communication:	\$	5,160.00
Contract Services:	\$	675.00
Space Costs:	\$	24,960.00
State BF Promotion Support Costs:	\$	15,322.25
Personnel - Salary:	\$	12,261.88
Personnel - Fringe:	\$	1,464.37
Travel:	\$	1,596.00