



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

DOA Contracts

10/7

DS

1. EDS Number: A70-3-070460	2. Date prepared: 7/29/2013
--------------------------------	--------------------------------

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# <u>2</u>
<input type="checkbox"/> MOU	<input type="checkbox"/> Renewal # <u> </u>
<input type="checkbox"/> QPA	<input type="checkbox"/> Other <u> </u>

FISCAL INFORMATION

4. Account Number: 61900-30700.573100	5. Account Name: ISDH DOAg Fund
6. Total amount this action: \$6,166.00	7. New contract total: 1,004,480.00
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year <u>2013</u>	<u>\$998,314.00</u>
Year <u>2014</u>	<u>\$6,166.00</u>
Year <u> </u>	<u>\$</u>
Year <u> </u>	<u>\$</u>

TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year): 10/1/2012	12. To (month, day, year): 9/30/2013
13. Method of source selection:	
<input type="checkbox"/> Bid/Quotation	<input type="checkbox"/> Emergency
<input checked="" type="checkbox"/> RFP# <u>12-50</u>	<input type="checkbox"/> Other (specify) <u> </u>
<input type="checkbox"/> Negotiated	<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):
PL 95-627, 7 CFR, PART 246

37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.)
Additional funding for 1 FTE to provide staff relief coverage throughout the State in coordination with the State WIC office, with primary responsibility for a certain geographic area and to adjust for the miscalculation of one staff's salary on the previous amendment. The Indiana Supplemental Food Program for Women, Infants and Children provides nutritious supplemental foods, nutrition education, 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:
The State contracts with local sponsoring agencies to administer the Indiana WIC Program pursuant to Public Law 95-627, 7CFR, Part 246. This entity was awarded the contract through the State procurement bid process, RFP# 12-50. Funding is determined by a formula based on participant caseload.

39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)

40. Agency fiscal officer or representative approval <u>Erin Muller</u>	41. Date Approved <u>8/14/13</u>	42. Budget agency approval <u>[Signature]</u>	43. Date Approved <u>8/22/13</u>
44. Attorney General's Office approval <u>DSY</u>	45. Date Approved <u>9/3/13</u>	46. Agency representative receiving from AG	47. Date Approved



66387-002

AGENCY INFORMATION	
14. Name of agency: Department of Health	15. Requisition Number: 0000022544
16. Address: 2 N. Meridian Street Indianapolis, IN 46204	
AGENCY CONTACT INFORMATION	
17. Name: Erin Czajkowski	18. Telephone #: 317/234-3536
19. E-mail address: eczajkowski@isdh.in.gov	
COURIER INFORMATION	
20. Name: Jennifer Myers	21. Telephone #: 317-234-8313
22. E-mail address: Jmvers1@isdh.in.gov	
VENDOR INFORMATION	
23. Vendor ID # 0000053958	24. Name: NEW HOPE SERVICES INC
25. Telephone #: (812) 288-8248	26. Address: NEW HOPE SERVICES, INC 725 WALL ST JEFFERSONVILLE, IN 47130
27. E-mail address: James_Bosley@newhopeservices.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 97.4 %
31. Sub Vendor: M/WBE/IN-Veteran Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Women: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IN-Veteran: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32. If yes, list the %: Minority: <u> </u> % Women: <u>2.6</u> % IN-Veteran: <u> </u> %
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

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. 0000022544	Date 08/08/2013	Required Date	Page 1 of 1
Fund/Account: 61900 / 573100			
Dept Number: 195070			
Project Number: 400361014250013			
Requisition Number: 0000022544			
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
The State contracts with local agencies to administer the Indiana WIC Program pursuant to Public Law 95-627, 7CFR. Part 246.						
1-1		Amend #2 A70-3-070460, 10/1/12-9/30/13	1.0000	LO	6,166.0000	6,166.00

Vendor: 0000053958 NEW HOPE SERVICES INC

<< EDS# A70-3-070460
EXISTING PURCHASE ORDER #13525721 >>

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

Requisition Total \$ 6,166.00

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

61900-573100-4003610142500
WIC 953-2

**Amendment No. 2
EDS Number A70-3-070460**

This is an Amendment to the existing **U.S.D.A. WIC Program** Grant Agreement entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **New Hope Services, Inc.** (hereinafter referred to as the "Grantee") for the period from **October 1, 2012** through **September 30, 2013**, in the amount of **\$998,314**.

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 **\$6,166** making the new total of the Grant Agreement **\$1,004,480**. The additional funds will be used to **provide staff relief coverage throughout the State in coordination with the State WIC office, with primary responsibility for a certain geographic area and to adjust for the miscalculation of one staff member's salary on the previous amendment.** See Attachment A-2, attached hereto, which replaces A-1 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.

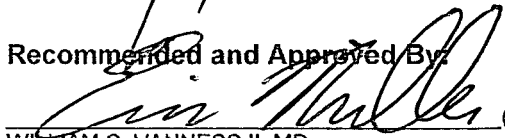
In Witness Whereof, the Grantee and the State of Indiana have, through duly authorized representatives, entered into this Grant Agreement Amendment. The parties having read and understanding the foregoing terms of the Grant Agreement Amendment do by their respective signatures dated below agree to the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

Accepted By:


JAMES A. BOSLEY
PRESIDENT/CEO
NEW HOPE SERVICES, INC.

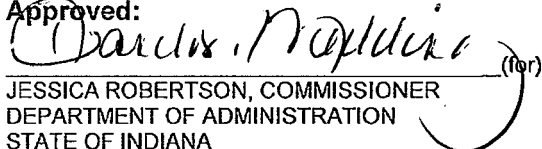
DATE: Aug 7 2013

Recommended and Approved By:


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

DATE: 8/14/13

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: 9/3/13

ATTACHMENT A-2

Budget Summary

Grant Name	USDA WIC Program - FY 2013
Local Agency	NEW HOPE SERVICES INC
Clinic Operations Caseload	6813
Breastfeeding Promotion Caseload	982
FTE Breastfeeding Promotion	0.625
FTE Clinic Operations	16
Participants Per FTE Clinic Operations	426
Clinic Operations Amount	\$972,064.00
Breastfeeding Promotion Amount	\$32,416.00
Total Proposed Amount	\$1,004,480.00

Budget Line Item	Amount	Amended Amount	Amended Total
Fringe Breastfeeding Promotion	\$5,205.00		\$5,205.00
Salaries Breastfeeding Promotion	\$19,811.00		\$19,811.00
Supplies Breastfeeding Promotion	\$6,000.00		\$6,000.00
Travel Breastfeeding Promotion	\$1,400.00		\$1,400.00
Total Breastfeeding Promotion	\$32,416.00	\$0.00	\$32,416.00
Communications Clinic Operations	\$19,847.00		\$19,847.00
Contract Services Clinic Operations	\$38,613.00		\$38,613.00
Fringe Clinic Operations	\$148,818.00		\$148,818.00
Nutrition Education Supplies Clinic	\$33,000.00		\$33,000.00
Salaries Clinic Operations	\$598,490.00	\$5,791.00	\$604,281.00
Space Cost Clinic Operations	\$89,227.00		\$89,227.00
Supplies Clinic Operations	\$20,030.00		\$20,030.00
Travel Clinic Operations	\$13,245.00	\$375.00	\$13,620.00
Equipment Clinic Operations	\$2,228.00		\$2,228.00
Travel Nutrition Education Clinic Operations	\$2,400.00		\$2,400.00
Total Clinic Operations	\$965,898.00	\$6,166.00	\$972,064.00
Total Amount	\$998,314.00	\$6,166.00	\$1,004,480.00

**Additional salary based on the following calculation \$18/hour * 8 hours/day * 21 days plus an additional \$2,767 to adjust for the miscalculation of one staff's salary on the previous amendment.