

**EXECUTIVE DOCUMENT SUMMARY**

State Form 41221 (R10/4-06)

Instructions for completing the EDS and the Contract process.

Received

JUL 29 2013

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.

DOA Contracts9/19
JS

1. EDS Number: A70-3-070472		2. Date prepared: 6/5/2013	
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# 1	
<input type="checkbox"/> MOU		<input type="checkbox"/> Renewal #	
<input type="checkbox"/> QPA		<input type="checkbox"/> Other	
FISCAL INFORMATION			
4. Account Number: 61900-30700.583110		5. Account Name: ISDH DOAg Fund	
6. Total amount this action: \$185,895.00		7. New contract total: 1,789,141.00	
8. Revenue generated this action: \$0.00		9. Revenue generated total contract: \$0.00	
10. New total amount for each fiscal year:			
Year 2013 \$1,202,434.00			
Year 2014 \$586,707.00			
Year \$			
Year \$			
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 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): 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.) This Breastfeeding Promotion and Mentorship project was developed by the Indiana WIC Program and approved by USDA. USDA awarded Indiana funding to administer this project so this grant is being amended to include the project's scope of work and funding. The additional funding for this project (\$193,800) is offset by a reduction in funding (-\$7,905) due to reallocation of caseload and implementation of 425 participants per 1 FTE and funding flat amount per participant for clinic operation supplies. The net adjustment to the grant is \$185,895 (\$193,800-\$7,905). 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: Tippecanoe County was chosen to administer this Breastfeeding Promotion and Mentorship project because the State Breastfeeding Coordinator is based at Tippecanoe County. The State contracts with local sponsoring agencies to administer the Indiana WIC Program pursuant to Public Law 95-627, 7 CFR, 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: <i>Erin Muller</i>		41. Date Approved: 7/23/13	
44. Attorney General's Office approval: JFS		45. Date Approved: 8-12-13	
42. Budget agency approval: <i>[Signature]</i>		43. Date Approved: 8/2/13	
46. Agency representative receiving from AG		47. Date Approved:	

18822 JUL 22 2013

AGENCY INFORMATION

14. Name of agency:

Department of Health

15. Requisition Number:

0000022198

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:

Jmyers1@isdh.in.gov

VENDOR INFORMATION

23. Vendor ID #

0000078010

24. Name:

TIPPECANOE CTY TREASURER

25. Telephone #:

(765) 423-9221

26. Address:

TIPPECANOE COUNTY HEALTH DEPARTMENT
20 N 3RD ST
LAFAYETTE, IN 47901-1211

27. E-mail address: mbohlin@tippecanoe.in.gov; rripe@tippecanoe.in.gov

28. Is the vendor registered with the Secretary of State? (Out of State Corporations, must be registered) Yes ☒ No

29. Primary Vendor: M/WBE/IN-Veteran

Minority: Yes ☒ NoWomen: Yes ☒ NoIN-Veteran: Yes ☒ No

30. Primary Vendor Percentages

100.0 %

31. Sub Vendor: M/WBE/IN-Veteran

Minority: Yes ☒ NoWomen: Yes ☒ NoIN-Veteran: Yes ☒ No

32. If yes, list the %:

Minority: %

Women: %

IN-Veteran: %

33. Is there Renewal Language in the document?

X Yes No

34. Is there a "Termination for Convenience" clause in the document? X Yes No

RECEIVED

AUG 01 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

Requisition No.	Date	Required Date	Page
0000022198	07/16/2013		1 of 1

Fund/Account:	61900 / 583110
Dept Number:	195070
Project Number:	400361014250013
Requisition Number:	0000022198
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	RFP# 12-50.	Amend #1 A70-3-070472, 10/1/12-9/30/13	1.0000	LO	185,895.0000	185,895.00

Vendor: 0000079010 TIPPECANOE CTY TREASURER

<< EDS# A70-3-070472
EXISTING PURCHASE ORDER #13530022 >>

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

Requisition Total \$ 185,895.00

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

61900-583110-4003610142500
WIC 178-2

MSN

**Amendment No. 1
EDS Number A70-3-070472**

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 **Tippecanoe County Health Department** (hereinafter referred to as the "Grantee") for the period from **October 1, 2012** through **September 30, 2013**, in the amount of **\$1,603,246**.

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 **\$185,895** making the new total of the Grant Agreement **\$1,789,141**. The additional funds will be used to include a new project's scope of work and funding, which are detailed in Attachments C and D, respectively. The additional funding for the project detailed in Attachment C (**\$193,800**) is offset by a reduction in funding for the work detailed in Attachment B (**-\$7,905**) due to reallocation of caseload and implementation of 425 participants per 1 FTE and funding flat amount per participant for clinic operation supplies. The net adjustment to the grant is **\$185,895 (\$193,800-\$7,905)**. See Attachment A-1, attached hereto, which replaces Attachment A, and see Attachments C and D, 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.

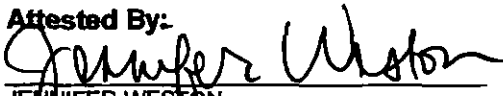
In Witness Whereof, the Grantee and the State of Indiana have, through duly authorized representatives, entered into this Grant Agreement Amendment. The parties having read and understanding the foregoing terms of the Grant Agreement Amendment do by their respective signatures dated below agree to the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

Accepted By:


~~MICHAEL G. BOHLIN, M.D.~~ Jeremy Adler, M.D.
HEALTH OFFICER
TIPPECANOE COUNTY HEALTH DEPARTMENT

DATE: 7/15/13

Attested By:


JENNIFER WESTON
AUDITOR
TIPPECANOE COUNTY

DATE: 7/16/13

Recommended and Approved By:


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

DATE: 7/23/13

Approved:



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

DATE: 7/24/13

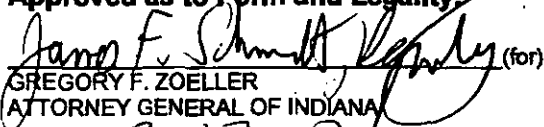
Approved:



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

DATE: 8/2/13

Approved as to Form and Legality:



GREGORY F. ZOELLER
ATTORNEY GENERAL OF INDIANA (for)

DATE: 8-12-13

ATTACHMENT A-1

Budget Summary

Grant Name	USDA WIC Program - FY 2013
Local Agency	TIPPECANOE COUNTY HEALTH DEPARTMENT
Clinic Operations Caseload	4505
Breastfeeding Promotion Caseload	726
FTE Breastfeeding Promotion	2.575
FTE Clinic Operations	7.15
Participants Per FTE Clinic Operations	425
Clinic Operations Amount	\$984,975.00
Breastfeeding Promotion Amount	\$236,841.00
Regional Center Amount	\$373,525.00
Total Proposed Amount	\$1,595,341.00

Budget Line Item	Amount	Amended Amount	Amended Total
Fringe Breastfeeding Promotion	\$75,958.00	(\$3,139.00)	\$72,819.00
Outreach Breastfeeding Promotion	\$1,000.00		\$1,000.00
Salaries Breastfeeding Promotion	\$136,439.00	\$2,108.00	\$138,547.00
Supplies Breastfeeding Promotion	\$23,000.00		\$23,000.00
Travel Breastfeeding Promotion	\$1,475.00		\$1,475.00
Total Breastfeeding Promotion	\$237,872.00	(\$1,031.00)	\$236,841.00
Communications Clinic Operations	\$3,540.00		\$3,540.00
Contract Services Clinic Operations	\$157,200.00	(\$57,289.00)	\$99,911.00
Fringe Clinic Operations	\$155,960.00	\$11,644.00	\$167,604.00
Nutrition Education Supplies Clinic Operations	\$176,668.00		\$176,668.00
Salaries Clinic Operations	\$411,907.00	\$8,819.00	\$420,726.00
Space Cost Clinic Operations	\$49,104.00	\$37,857.00	\$86,961.00
Supplies Clinic Operations	\$21,150.00	(\$7,905.00)	\$13,245.00
Travel Clinic Operations	\$13,120.00		\$13,120.00
Travel Nutrition Education	\$3,200.00		\$3,200.00
Total Clinic Operations	\$991,849.00	(\$6,874.00)	\$984,975.00
Supplies Regional Center	\$364,500.00		\$364,500.00
Travel Regional Center	\$9,025.00		\$9,025.00
Total Regional Center	\$373,525.00	\$0.00	\$373,525.00
Total Amount	\$1,603,246.00	-\$7,905.00	\$1,595,341.00

Attachment C

Midwest Regional Office Operational Adjustment Project Proposal

Scope of Work

Goal:

To utilize and train WIC staff in lactation management and to mentor less experienced health professionals in WIC and the hospital for the purpose of providing evidence-based lactation support for the WIC participant in order to meet her breastfeeding goal.

Objectives:

- Increase Competent Professional Authority (CPA) knowledge and comfort level while conducting a breastfeeding assessment and offering lactation management to support the WIC participant during and after certification.
- Offer a competency-driven breastfeeding curriculum and training to all states in the Midwest region.
- Provide lactation management education and networking opportunities between WIC and local delivering hospitals.
- For all states in the Midwest region to meet the *Healthy People* Breastfeeding Goal 2020: 81.9% of all infants to initiate breastfeeding.

Plan:

States in the Midwest region will be given the option of the following three trainings, conducted by Lactation Education Consultants (LEC), designed to support mentorship and strengthen community partnerships.

- 5 Day Certified Lactation Specialist (CLS) Course
- 3 Day Advanced Clinic Concepts in Lactation Course
- Building Bridges for Breastfeeding Duration
 - Each state in the Midwest region will receive two consecutive days of this training.
 - Hospitals are to provide the following items: space, AV equipment, program promotion to hospital staff, and snacks if desired.
 - The Indiana WIC Program is responsible for:
 - Securing locations
 - Providing information to speakers
 - Promotion of the program to WIC staff and community partners
 - Registration maintenance
 - Handouts (not included in grant)

- Participants will receive a take home bag with examples of evidence-based breastfeeding materials provided to WIC participants and used in participant education.
- Participating hospitals will receive copies of Medications and Mothers Milk 2012 to be used as a staff reference.

Roles and Responsibilities:

- The Indiana State WIC Program through its State Breastfeeding staff will complete the activities outlined in this scope of work by September 30, 2013.
- The Indiana State Breastfeeding Coordinator will assist in coordinating all training, grant evaluations, and final report.
- State Breastfeeding Coordinators will converse by conference call quarterly regarding progress. The State Breastfeeding Coordinator in each participating state will be responsible for the following items:
 - Promotion of the course
 - Securing a course site and date
 - WIC staff travel expenses
 - Handouts for Building Bridges
 - Printing evaluations and certificates
 - Arrangement of any snacks or beverages
 - Maintain the training sign-in lists and evaluations on file for review
- Local agency staff will assist in promoting trainings to hospitals and community partners as appropriate.

Evaluation Process:

An evaluation is included in the syllabus for all offered training programs. The results will be compiled for the final report. The mentorship curriculum also contains evaluation reports for both the mentor and mentee. The State Breastfeeding Coordinators will converse by conference call quarterly regarding progress.

Measurement of Success:

Success will be measured by:

- Increased breastfeeding initiation and duration rates in the participating Midwest states
- Participation of WIC staff and community partners, including hospital staff that participates in lactation or hospital training.

Attachment D (Budget for Scope of Work in Attachment C)

Midwest Regional Office Operational Adjustment Project Proposal Budget

Course/Program expenses include preparation of and research for presentation and syllabi; speaker honoraria and travel expenses; and continuing education credit application.

5 Day Certified Lactation Specialist (CLS) Course

Indiana	\$26,000
Indiana Syllabi (\$42 per syllabus * 75 participants)	\$3,150
Minnesota	\$29,000
Minnesota Syllabi (\$42 per syllabus * 75 participants)	\$3,150
Wisconsin	\$29,000
Wisconsin Syllabi (\$42 per syllabus * 75 participants)	\$3,150
Subtotal:	\$93,450

3 Day Advanced Clinical Concepts in Lactation Course

Illinois	\$15,000
Illinois Syllabi (\$35 per syllabus * 45 participants)	\$1,575
Ohio	\$15,000
Ohio Syllabi (\$35 per syllabus * 45 participants)	\$1,575
Subtotal:	\$33,150

Building Bridges for Breastfeeding Duration Programs (Total Projected Participants: 1,255)

Illinois	\$7,000
Indiana	\$6,500
Michigan (\$7,000 per program * 2 programs)	\$14,000
Minnesota	\$7,400
Ohio	\$7,000
Wisconsin	\$7,400
Take Home Bags and Material (for participants)	\$15,100
Medications and Mother's Milk (for participating hospitals)	\$2,800
Subtotal:	\$67,200

GRAND TOTAL: \$193,800