19465

DEC 20 2013

EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-06)

Received
DEC 26 2013
IDOA Contracts

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.

2/14 RM

1. EDS Number:	2. Date prepared:
A70-3-106072	9/19/2013

3. CONTRACTS & LEASES

___ Professional/Personal Services	___ Contract for procured Services
X Grant	___ Maintenance
___ Lease	___ License Agreement
___ Attorney	X Amendment# 1
___ MOU	___ Renewal #
___ QPA	___ Other

FISCAL INFORMATION

4. Account Number:	5. Account Name:
61910-94000.583110	ISDH DHHS Fund
6. Total amount this action: $6,418.00	7.New contract total: 25,671.00
8. Revenue generated this action: $0.00	9.Revenue generated total contract: $0.00

10.New total amount for each fiscal year :

Year 2013 $25,671.00
Year ___ $
Year ___ $
Year ___ $

TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year):	12. To (month, day, year):
1/1/2013	12/31/2013

13. Method of source selection:
___ Bid/Quotation ___ Emergency X Negotiated ___ Special Procurement
___ RFP# ___ Other *(specify)*

AGENCY INFORMATION

14. Name of agency:	15. Requisition Number:
Department of Health	0000023383

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

AGENCY CONTACT INFORMATION

17. Name:	18. Telephone #:
Sarah Burkholder	317/233-7545

19. E-mail address: sburkholder@isdh.in.gov

COURIER INFORMATION

20. Name:	21. Telephone #:
Jennifer Myers	317-233-7853

22. E-mail address: jmyers1@isdh.in.gov

VENDOR INFORMATION

23 Vendor ID # 0000075752

24. Name:	25. Telephone #:
ALLEN CTY TREASURER	260-449-7395

26. Address: FORT WAYNE-ALLEN CO HLTH DEPT, 1 E MAIN ST 5TH FL, FORT WAYNE, IN 46802-1810

27. E-mail address: mindy.waldron@co.allen.in.us

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

29. Primary Vendor: M/WBE/IN-Veteran	30. Primary Vendor Percentages
Minority: ___ Yes X No	100.0 %
Women: ___ Yes X No	
IN-Veteran: ___ Yes X No	

31. Sub Vendor: M/WBE/IN-Veteran	32. If yes, list the %:
Minority: ___ Yes X No	Minority: ___ %
Women: ___ Yes X No	Women: ___ %
IN-Veteran: ___ Yes X No	IN- Veteran: ___ %

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

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 provide directly observed therapy (DOT) services and directly observed preventive therapy (DOPT) for high-risk tuberculosis contacts, augmenting the TB services available in Allen County. Amendment #1 represents the final 25% of the annual grant award

38. Justification of vendor selection and determination of price reasonableness:

TB funds from the Centers for Disease Control and Prevention are being awarded due to the growing complexity of TB case management and the need to provide additional surveillance and containment activities. The vendor is located in the area being served.

RECEIVED
JAN 02 2014
OAG-ADVISORY

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

40. Agency fiscal officer or representative approval	41. Date Approved	42. Budget agency approval	43. Date Approved
Erin Miller	12/17/13		12/31/13
44. Attorney General's Office approval	45. Date Approved	46. Agency representative receiving from AG	47. Date Approved
	1 Jan 14		

87502-001

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
0000023363	10/09/2013		1 of 1

Fund/Account: 61910 / 583110
Dept Number: ~~195108~~ 195106
Project Number: 400361014030013
Requisition Number: 0000023363
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
		TB funds from the Centers for Disease Control and Prevention are being awarded due to the growing complexity of TB case management and the need to provide additional surveillance and containment activities. The vendor is located in the area being served.				
1-1		Amend #1 A70-3-106072, 1/1/13-12/31/13	1.0000	LO	6,418.0000	6,418.00

Vendor: 0000075752 ALLEN CTY TREASURER

<< EDS# A70-2-106072
EXISTING PURCHASE ORDER #13553916 >>

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

Requisition Total $ 6,418.00

	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**

61910-583110-4003610140300
TB 195-5

Amendment No. 1
EDS Number A70-3-106072

This is an Amendment to the existing **Tuberculosis Cooperative Grant** Grant Agreement entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **Fort Wayne/Allen County Health Department** (hereinafter referred to as the "Grantee") for the period from **January 1, 2013** through **December 31, 2013**, in the amount of **$19,253**.

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 **$6,418** making the new total of the Grant Agreement **$25,671**. The additional funds will be used to **provide directly observed therapy (DOT) services and directly observed preventive therapy (DOPT) for high-risk tuberculosis contacts, augmenting the TB services available in Allen County**. See Attachment A-1, attached hereto, which replaces Attachments A, made a part hereof, and incorporated herein by reference as a part of this Grant Agreement.

The following paragraph replaces the previous Grant Agreement paragraph:

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

The State shall fund this grant in the amount of **$25,671**. The approved Project Budget is set forth in **Attachment A-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.

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:

MINDY WALDRON
ADMINISTRATOR
FORT WAYNE/ALLEN COUNTY HEALTH DEPARTMENT

DATE: 10-09-13

Attested By:

TERA K. KLUTZ
AUDITOR
ALLEN COUNTY

DATE: 10/9/13

Recommended and Approved By:

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

DATE: 12/17/13

Approved:

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

DATE: 12.26.13

Approved:

(for)
BRIAN E. BAILEY, DIRECTOR
STATE BUDGET AGENCY
STATE OF INDIANA

DATE: 12/31/13

Approved as to Form and Legality:

(for)
GREGORY F. ZOELLER
ATTORNEY GENERAL OF INDIANA

DATE: 7 Jan 14

Attachment A-1
A70-3-106072
Fort Wayne- Allen County Health Department

PURPOSE OF GRANT AGREEMENT:

To provide directly observed therapy (DOT) services and directly observed preventive therapy (DOPT) for high-risk contacts, augmenting the TB services available in Allen County beginning January 1, 2013 and ending December 31, 2013. This amendment increases the grant by $6,418.00 which is the remaining 25% of the annual budget totaling $25,671. .

SERVICE RECIPIENTS:

Individuals living in Allen County, especially refugees.

CONSIDERATION FOR DELIVERABLES AND SCHEDULE OF PAYMENT:

REQUIRED ACTIVITIES	MEASURABLE CRITERIA	ANNUAL RATE FY 2013	75% of Annual Budget	25% of Annual Budget
A part-time Community Health Workers (CHWs) will be responsible for delivering and observing the ingestion of medications, observing, and collecting sputum samples, assisting with contact investigation, educating clients, and arranging for transport as needed to medical appointments related to TB care. TB Community Health Workers may assist local health department TB case management activities.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols. Payment will be held until reports are submitted.	$22,620		
The CHWs interact with and perform Directly Observed Therapy/Directly Observed Preventive Therapy (DOT/DOPT) with TB patients to promote adherence to medical regimens, thus assuring continuity and completion of therapy.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols. Payment will be held until reports are submitted.			

Programs and seminars attended by the CHWs will have a TB/HIV element. HIV counseling and testing will be offered to clients followed through this project.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols. Payment will be held until reports are submitted.			
Activities shall supplement, not supplant the local TB activities necessary for case management, control and prevention of TB in the designated area.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols. Payment will be held until reports are submitted.			
Each CHW will submit *The Tuberculosis Outreach Quarterly Report* (See ATTACHMENT B-1) to the Allen TB Program Coordinator and the local supervisor who will sign and address any barriers or problems encountered. A copy of the Report should be sent to the State TB Control Program.	All reports are due by the 10th of the month following the end of each quarter. April 10, 2013 July 10, 2013 October 10, 2013 December 31, 2013			
The TB outreach services provided through this Grant Agreement shall be in accordance with Tuberculosis Program Objectives established by the Indiana State Department of Health (See ATTACHMENT C-1).	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols. Payment will be held until reports are submitted.			
There will be one Outreach Worker meeting for the CHWs and one Regional meeting during the Grant Agreement Period. Attendance is required.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols. Payment will be held until reports are submitted.			
TB Control Program will participate in monthly case/cohort reviews (when requested) via teleconference or in-person	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols			

Each CHW must complete, or show proof of having completed, an approved course in *HIV Prevention Counseling.*	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols. Payment will be held until reports are submitted.			
Each CHW should be available on an as-needed basis to assist in outbreak situations in other geographical areas of the State.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols. Payment will be held until reports are submitted.			
Total Salary Costs		**22,620**	**16,965**	**5655**
Fringe Benefits		**1,730**	**1,297.50**	**432.50**
Travel		**1,320**	**990**	**330**
Total Grant Agreement		**$25,670**	**19,252.5**	**6,417.50**
Total Grant (rounded)		**$25,671.**	**19,253.00**	**6,418.00**

- **Salary:** Part-time Community Outreach Workers for twelve months @$22,620 (vacant)
  - Fringe Benefits (FICA) = $1,730

- **Travel for DOT/DOPT Visits** (3,000 @ 0.44/mile) = $1,320
  Travel expenditures will be reimbursed by the State at the rate customarily paid by the Grantee or the current rate being paid by the State of Indiana, whichever is the lesser.

- **Invoices:**
  Payment shall be due for hours worked and satisfactory completion of Allen County Health Department Deliverables. All invoices must be submitted on a monthly basis and accompanied by written documentation of actual expenditures for all claimed items. The Grantee will be paid monthly for hours worked and the deliverables defined and referenced above. Such payment shall be made in arrears upon receipt and approval of invoice.

Allen County Health Department may augment this grant by providing any additional salary or benefits not covered, travel and other activities and expenses related to the delivery of DOT/DOPT.