

**EXECUTIVE DOCUMENT SUMMARY**

State Form 41221 (R10/4-08)

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
APR 08 REC'D**DOA Contracts**5/23
AO

1. EDS Number: A70-4-070548		2. Date prepared: 3/10/2014	
3. CONTRACTS & LEASES			
<input type="checkbox"/> Professional/Personal Services <input checked="" type="checkbox"/> Grant <input type="checkbox"/> Lease <input type="checkbox"/> Attorney <input type="checkbox"/> MOU <input type="checkbox"/> QPA		<input type="checkbox"/> Contract for procured Services <input type="checkbox"/> Maintenance <input type="checkbox"/> License Agreement <input checked="" type="checkbox"/> Amendment# 1 <input type="checkbox"/> Renewal # <input type="checkbox"/> Other	
FISCAL INFORMATION			
4. Account Number: 61900-94000.573100		5. Account Name: ISDH DOAg Fund	
6. Total amount this action: \$12,800.00		7. New contract total: 61,169.00	
8. Revenue generated this action: \$0.00		9. Revenue generated total contract: \$0.00	
10. New total amount for each fiscal year:			
Year 2014		\$61,169.00	
Year		\$	
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 checked="" type="checkbox"/> Negotiated <input type="checkbox"/> RFP# <input type="checkbox"/> Other (specify)			
14. Name of agency: Department of Health			
15. Requisition Number: 0000024925			
16. Address: 2 N. Meridian Street Indianapolis, IN 46204			
AGENCY CONTACT INFORMATION			
17. Name: Douglas Adam		18. Telephone #: 317/234-8230	
19. E-mail address: dadam@isdh.in.gov			
COURIER INFORMATION			
20. Name: Jennifer Myers		21. Telephone #: 317-233-7853	
22. E-mail address: jmyers1@isdh.in.gov			
VENDOR INFORMATION			
23. Vendor ID # 0000055118			
24. Name: SECOND HARVEST FOOD BANK OF EAST CENTRAL		25. Telephone #: 765-287-8698	
26. Address: SECOND HARVEST FOOD BANK OF 6821 N OLD ST RD 3 MUNCIE, IN 47303			
27. E-mail address: tkean@curehunger.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 100.0 %	
31. Sub 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		32. If yes, list the %: Minority: % Women: % IN-Veteran: %	
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	
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): IC 16-19-3-24.5			
37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.) Original grants effective 10/01/2013 were initiated with budget amounts based on the previous year's federal grant award. Subsequently Indiana received its 2014 federal grant award which was higher than the previous year. Therefore, additional funds are being added to the sub-grantee agreements. This amendment adds \$12,800.00 bringing the new grant award to \$61,169.00			
38. Justification of vendor selection and determination of price reasonableness: The State contracts with local receiving agencies to administer the Indiana TEFAP Program pursuant to statutory authority IC 16-19-3-24.5 and Public Law 107-171. Funding is determined by a formula based on 60% of the population living at 185% poverty and 40% of the population that are unemployed. Current Grantees include all food banks participating in the Indiana TEFAP program. 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.			
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 Miller</i>		41. Date Approved: 3/31/14	
42. Budget agency approval: <i>[Signature]</i>		43. Date Approved: 4/9/14	
44. Attorney General's Office approval: <i>and</i>		45. Date Approved: 4/11/14	
46. Agency representative receiving from AG: <i>[Signature]</i>		47. Date Approved:	

RECEIVED**APR 10 2014****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. 0000024925	Date 03/21/2014	Required Date	Page 1 of 1
Fund/Account: 61900 / 573100			
Dept Number: 195070			
Project Number: 40010568TEFAP14			
Requisition Number: 0000024925			
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
Original grants effective 10/01/2013 were initiated with budget amounts based on the previous year's federal grant award. Subsequently Indiana received its 2014 federal fiscal year grant award which was higher than the previous year. Therefore, additional funds are being added to the sub-grantee agreements. This amendment adds \$12,800.00 bringing the new grant award to \$61,169.00						
1-1		AMEND#1 EDS# A70-4-070546, 10/1/13-9/30/14	1.0000	LO	12,800.0000	12,800.00

Vendor: 0000055118 SECOND HARVEST FOOD BANK OF EAST CENTRAL

<< PLEASE SEE ATTACHED CONTRACT
CONTRACT DATE 10/1/13-9/30/14
CONTRACT AMOUNT \$12,800.00
EXISTING PURCHASE ORDER #14525132 >>

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

Requisition Total \$ 12,800.00

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

**Amendment No. 1
EDS Number A70-4-070546 (TEFAP)**

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 **Second Harvest Food Bank of East Central Indiana, Inc.** (hereinafter referred to as the "Grantee") for the period from **October 1, 2013** through **September 30, 2014**, in the amount of **\$48,369**.

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 **\$12,800** making the new total of the Grant Agreement **\$61,169**. The increase in funds is due to the original grant effective 10/1/13 was initiated with budget amounts based on the previous year's federal grant award. Subsequently Indiana received its 2014 federal fiscal year grant award which was higher than the previous year. Therefore, additional funds are being added to the sub-grantee agreement. 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.

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:


TIM KEAN
EXECUTIVE DIRECTOR
SECOND HARVEST FOOD BANK OF EAST
CENTRAL INDIANA, INC.

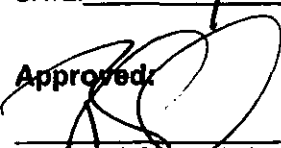
DATE: 3/18/14

Recommended and Approved By:


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

DATE: 3/31/14

Approved:


JESSICA ROBERTSON, COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE: 4/4/14

Approved:


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

DATE: 4/9/14

Approved as to Form and Legality:


GREGORY F. ZOELLER
ATTORNEY GENERAL OF INDIANA

DATE: 4-11-14

ATTACHMENT B-1**Second Harvest Food Bank
TEFAP FY14 Budget Amendment****Budget**

Expense	Original Cost	Amended Cost
Salaries	\$26,610.00	\$33,652.00
Fringe	\$2,805.00	\$3,547.00
Space Cost	\$5,752.00	\$7,274.00
Transportation/Travel	\$11,168.00	\$14,123.00
Supplies	\$399.00	\$505.00
Contract Services	\$1,635.00	\$2,068.00
Subtotal	\$48,369.00	\$61,169.00
Total (rounded)	\$48,369.00	\$61,169.00