

20405

AUG 13 2014



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

AUG 14 ENT'D

DOA Contracts

EK

10/3

1. EDS Number: A70-4-070519	2. Date prepared: 8/27/2014
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# <u>1</u> <input type="checkbox"/> Renewal # <input type="checkbox"/> Other
FISCAL INFORMATION	
4. Account Number: 61900-30700.583110	5. Account Name: ISDH DOAg Fund
6. Total amount this action: \$15,138.25	7. New contract total: 212,682.35
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year 2014	\$197,524.10
Year 2015	\$15,138.25
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)	
14. Agency fiscal officer or representative approval <i>Josef Kestel</i>	
41. Date Approved 8/13/14	
42. Budget agency approval <i>[Signature]</i>	
43. Date Approved 8/14/14	
44. Attorney General's Office approval PRT	
45. Date Approved 8/29/2014	
46. Agency representative receiving from AG <i>[Signature]</i>	
47. Date Approved	

AGENCY INFORMATION	
14. Name of agency: Department of Health	15. Requisition Number: 0000026199
16. Address: 2 N. Meridian Street Indianapolis, IN 46204	
AGENCY CONTACT INFORMATION	
17. Name: Alexander Tulkop	18. Telephone #: 317/233-7458
19. E-mail address: atulkop1@isdh.in.gov	
COURIER INFORMATION	
20. Name: Michael P. Mendyk	21. Telephone #: 317-233-7853
22. E-mail address: mmendyk@isdh.in.gov	
VENDOR INFORMATION	
23. Vendor ID # 0000055554	
24. Name: FLOYD COUNTY	25. Telephone #: (812) 948-4726
26. Address: FLOYD COUNTY HEALTH DEPT FLOYD COUNTY AUDITOR 311 W FIRST ST NEW ALBANY, IN 47150	
27. E-mail address: cmbass68@hotmail.com	
28. Is the vendor registered with the Secretary of State? (Out of State Corporations, must be registered) <input type="checkbox"/> Yes <input checked="" 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):
42 U.S.C. 178637. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.)
Contract is being amended to provide personnel, fringe, nutrition education activities, outreach activities, travel and other miscellaneous needs for the agency.

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 cost 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.)

RECEIVED

AUG 20 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.	Date	Required Date	Page
0000026199	07/28/2014		1 of 1
Fund/Account:	61900 / 571100		
Dept Number:	195070		
Project Number:	40010557WICAD14		
Requisition Number:	0000026199		
Requestor:	T302207 Tammy Shields - 0040		
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		Contract is being amended to provide personnel, fringe, nutrition education activities, outreach activities, travel and other miscellaneous needs for the agency. AMEND#1 EDS# A70-4-070519 10/1/13 - 9/30/14	1.0000	LO	15,138.2500	15,138.25

Vendor: 0000055554 FLOYD COUNTY

<<PLEASE SEE ATTACHED CONTRACT
CONTRACT DATE 10/1/13 - 9/30/14
CONTRACT AMOUNT \$15,138.25

AMEND EXISTING PO14534369>>

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

Requisition Total \$ 15,138.25

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

**61900-571100-40010557WICAD14
WIC**

**Amendment No. 1
EDS Number A70-4-070519**

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 Floyd County Health Department (hereinafter referred to as the "Grantee") for the period from October 1, 2013 through September 30, 2014, in the amount of \$197,524.10.

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 \$15,138.25 making the new total of the Grant Agreement \$212,662.35. The additional funds will be used to provide personnel, fringe, nutrition education activities, outreach activities, travel and other miscellaneous needs for the agency. 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.

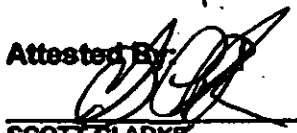
Accepted By:



TOM HARRIS, M.D.
HEALTH OFFICER
FLOYD COUNTY HEALTH DEPARTMENT

DATE: 7/30/14

Attested By:



SCOTT CLARKE
AUDITOR
FLOYD COUNTY

DATE: 8-1-14

Recommended and Approved By:

 (for)

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

DATE: 8/13/14

Approved:

 (for)

JESSICA ROBERTSON, COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE: 8/15/14

Approved:

 (for)

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

DATE: 8/19/14

Approved as to Form and Legality:

 (for)

GREGORY P. ZOELLER
ATTORNEY GENERAL OF INDIANA

DATE: 8/29/2014

Attachment B1 - Budget Summary



**Indiana State
Department of Health**

**INDIANA WIC
Local Agency Budget**

Name of Organization:	Floyd County Health Department		
Employer ID Number (EIN)			
Breastfeeding Region	Johnson	Federal Fiscal Year	2014

Address:	1917 Bono Road		
City:	New Albany	State:	Indiana
		Zip:	47150

Phone:	812-948-4726	Fax:	812-948-2208
Website:			

Name of Chief Executive:	Tom Harris		
Title:	Health Officer	Phone:	812-948-4726
Email:	cmbass68@hotmail.com		

Name of Program Contact:	Lisa Spencer		
Title:	WIC Coordinator	Phone:	812-948-1564
Email:	floydcountywic@gmail.com		

Clinic Operation Caseload	1624	Breastfeeding Promotion Caseload	245
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WIC Nutrition Services & Admin (NSA) Total Costs:	\$ 212,662.35
Breastfeeding Promotion Costs:	\$ 9,029.86
Personnel - Salary:	\$ 5,166.20
Personnel - Fringe:	\$ 1,562.67
Travel:	\$ 482.49
Supplies:	\$ 1,218.50
Equipment:	\$ 600.00
Clinic Operations Costs:	\$ 203,632.49
Personnel - Salary:	\$ 127,449.25
Personnel - Fringe:	\$ 51,095.98
Travel - Clinic Services:	\$ 114.40
Travel - Nutrition Education:	\$ -
Supplies:	\$ 6,898.86
Communication:	\$ 1,010.00
Contract Services:	\$ 3,588.00
Space Costs:	\$ 13,476.00