

**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
APR 10 2014**DOA Contracts**5/30
PT

| | | | |
|---|--|--|--|
| 1. EDS Number: A70-4-070580 | | 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# <u>1</u> <input type="checkbox"/> Renewal # <u> </u> <input type="checkbox"/> Other <u> </u> | |
| FISCAL INFORMATION | | | |
| 4. Account Number: 61900-94000.573100 | | 5. Account Name: ISDH DOAg Fund | |
| 6. Total amount this action: \$1,600.00 | | 7. New contract total: 5,426.00 | |
| 8. Revenue generated this action: \$0.00 | | 9. Revenue generated total contract: \$0.00 | |
| 10. New total amount for each fiscal year: Year 2014 \$5,426.00 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# <u> </u> <input type="checkbox"/> Other (specify) <u> </u> <input type="checkbox"/> Special Procurement | | | |
| 35. Will the attached document involve data processing or telecommunications system <u> </u> 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 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 \$1,600.00 bringing the new grant award to \$5,426.00. | | | |
| 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 Muller</i> | | 41. Date Approved 4/8/14 | |
| 44. Attorney General's Office approval <i>PR</i> | | 45. Date Approved 4/17/2014 | |
| 42. Budget agency approval <i>[Signature]</i> | | 43. Date Approved 4/14/14 | |
| 46. Agency representative receiving from AG <i>[Signature]</i> | | 47. Date Approved | |

19975

APR 08 2014

AGENCY INFORMATION14. Name of agency:
Department of Health15. Requisition Number:
000002491616. Address: 2 N. Meridian Street
Indianapolis, IN 46204**AGENCY CONTACT INFORMATION**17. Name:
Douglas Adam18. Telephone #:
317/234-823019. E-mail address:
dadam@isdh.in.gov**COURIER INFORMATION**20. Name:
Jennifer Myers21. Telephone #:
317-233-785322. E-mail address:
jmyers1@isdh.in.gov**VENDOR INFORMATION**

23. Vendor ID # 0000308378

24. Name:
FREESTORE FOODBANK INC25. Telephone #:
513-482-373726. Address:
1141 CENTRAL PKWY
CINCINNATI, OH 45202

27. E-mail address: kreiber@freestorefoodbank.org

28. Is the vendor registered with the Secretary of State? (Out of State Corporations, must be registered) ☒ Yes ☐ No29. Primary Vendor: M/WBE/IN-Vetera
Minority: ☐ Yes ☒ No
Women: ☐ Yes ☒ No
IN-Veteran: ☐ Yes ☒ No30. Primary Vendor Percentages
100.0 %31. Sub Vendor: M/WBE/IN-Veteran
Minority: ☐ Yes ☒ No
Women: ☐ Yes ☒ No
IN-Veteran: ☐ Yes ☒ No32. If yes, list the %:
Minority: %
Women: %
IN-Veteran: %33. Is there Renewal Language
in ☒ Yes ☐ No34. Is there a "Termination for
Convenience" clause in the
document? ☒ Yes ☐ No**RECEIVED**

APR 15 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. 0000024916 | Date 03/21/2014 | Required Date | Page 1 of 1 |
| Fund/Account: 61900 / 573100 | | | |
| Dept Number: 195070 | | | |
| Project Number: 40010568TEFAP14 | | | |
| Requisition Number: 0000024916 | | | |
| 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 \$1,600.00 bringing the new grant award to \$5,426.00 | | | | | | |
| 1-1 | | Amend #1 EDS# A70-4-070560, 10/1/13-9/30/14 | 1.0000 | LO | 1,600.0000 | 1,600.00 |

Vendor: 0000308378 FREESTORE FOODBANK INC

<< PLEASE SEE ATTACHED CONTRACT
CONTRACT DATE 10/1/13-9/30/14
CONTRACT AMOUNT \$1,600.00 >>

EXISTING PURCHASE ORDER #14533482

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

Requisition Total \$ 1,600.00

| | | |
|---------------------|---|----------------------|
| 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 A70-4-070560 (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 **Freestore Foodbank, Inc.** (hereinafter referred to as the "Grantee") for the period from **October 1, 2013 through September 30, 2014**, in the amount of **\$3,826**.

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 **\$1,600** making the new total of the Grant Agreement **\$5,426**. 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.

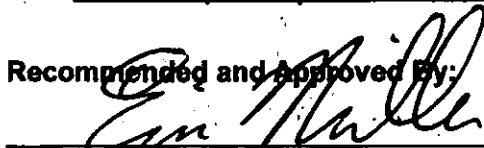
Accepted By:



KURT REIBER
~~EXECUTIVE DIRECTOR~~ PRESIDENT & CEO
FREESTORE FOODBANK, INC.

DATE: 3-17-14

Recommended and Approved By:

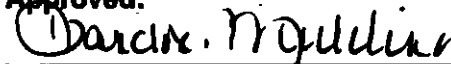


WILLIAM C. VANNES II, MD
STATE HEALTH COMMISSIONER
INDIANA STATE DEPARTMENT OF HEALTH

DATE:

4/8/14

Approved:



JESSICA ROBERTSON, COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE:

4.11.14

Approved:

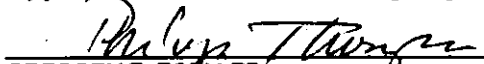


BRIAN E. BAILEY, DIRECTOR
STATE BUDGET AGENCY
STATE OF INDIANA

DATE:

4/14/14

Approved as to Form and Legality:



GREGORY F. ZOELLER
ATTORNEY GENERAL OF INDIANA

DATE:

4/17/2014

ATTACHMENT B-1

**Freestore Food Bank
TEFAP FY14 Budget Amendment**

Budget

| Expense | Original Cost | Amended Cost |
|-----------------------|----------------------|---------------------|
| Salaries | \$3,061.00 | \$4,070.00 |
| Fringe | \$765.00 | \$1,356.00 |
| Space Cost | | |
| Transportation/Travel | | |
| Supplies | | |
| Contract Services | | |
| | | |
| | | |
| | | |
| | | |
| Subtotal | \$3,826.00 | \$5,426.00 |
| Total (rounded) | \$3,826.00 | \$5,426.00 |