

19983

MAR 31 2014



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 02 2014

DOA Contracts

d23

MM

1. EDS Number: A70-4-070551	2. Date prepared: 3/10/2014
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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# <u>1</u>
<input type="checkbox"/> MOU	<input type="checkbox"/> Renewal # <u> </u>
<input type="checkbox"/> QPA	<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: \$16,000.00	7. New contract total: 76,822.00
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year 2014	\$76,822.00
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 type="checkbox"/> RFP#	<input checked="" type="checkbox"/> Negotiated
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Special Procurement

AGENCY INFORMATION	
14. Name of agency: Department of Health	15. Requisition Number: 0000024921

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

17. Name: Douglas Adam	18. Telephone #: 317/233-8230
19. E-mail address: dadam@isdh.in.gov	

COURIER INFORMATION

20. Name: Rebecca Chauhan	21. Telephone #: 317-233-7558
22. E-mail address: rchauhan1@isdh.in.gov	

VENDOR INFORMATION

23. Vendor ID # 0000093089	
24. Name: COMMUNITY HARVEST FOOD BANK	25. Telephone #: 260-447-3696
26. Address: 999 E TILLMAN RD FORT WAYNE, IN 46816	
27. E-mail address: javery@communityharvest.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: <input type="checkbox"/> % Women: <input type="checkbox"/> % IN-Veteran: <input type="checkbox"/> %
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 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 \$16,000.00 bringing the new grant award to \$76,822.00.

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>Em Miller</i>	41. Date Approved 3/26/14	42. Budget agency approval <i>SA</i>	43. Date Approved 4/14/14
44. Attorney General's Office approval MM	45. Date Approved 4/11/14	46. Agency representative receiving from AG	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.	Date	Required Date	Page
0000024921	03/21/2014		1 of 1

Fund/Account:	61900 / 573100
Dept Number:	195070
Project Number:	40010568TEFAP14
Requisition Number:	0000024921
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 \$16,000.00 bringing the new grant award to \$76,822.00						
1-1		AMEND #1 EDS# A70-4-070551, 10/1/13-9/30/14	1.0000	LO	16,000.0000	16,000.00

Vendor: 0000093089 COMMUNITY HARVEST FOOD BANK

<< PLEASE SEE ATTACHED CONTRACT
CONTRACT DATE 10/1/13-9/30/14
CONTRACT AMOUNT \$16,000.00
EXISTING PURCHASE ORDER #14525142 >>

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

Requisition Total \$ 16,000.00

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

**61900-573100-40010568TEFAP14
TEFAP 1037-1**

**Amendment No. 1
EDS Number A70-4-070551**

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 **Community Harvest Food Bank of Northeast Indiana, Inc.** (hereinafter referred to as the "Grantee") for the period from **October 1, 2013** through **September 30, 2014**, in the amount of **\$60,822**.

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 **\$16,000** making the new total of the Grant Agreement **\$76,822**. The additional funds will be used to **to store, inventory and distribute food to pantries in the following Indiana counties: Adams, Allen, DeKalb, Huntington, LaGrange, Noble, Steuben, Wells, and Whitley**. See Attachment B-1, attached hereto, 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.

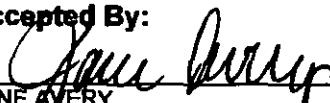
Non-Collusion and Acceptance

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.

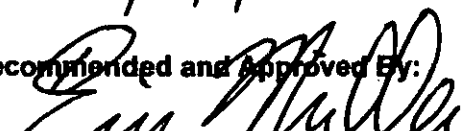
In Witness Whereof, the Grantee and the State of Indiana have, through duly authorized representatives, entered into this Grant Agreement Amendment. The parties having read and understanding the foregoing terms of the Grant Agreement Amendment do by their respective signatures dated below agree to the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

Accepted By:


JANE AVERY
EXECUTIVE DIRECTOR
COMMUNITY HARVEST FOOD BANK OF
NORTHEAST INDIANA, INC.

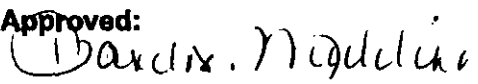
DATE: 03/19/14

Recommended and Approved By:


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


DATE: 3/26/14

Approved:


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

DATE: 4.3.14

Approved:


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

DATE: 4/9/14

Approved as to Form and Legality:


(for)
GREGORY F. ZOELLER
ATTORNEY GENERAL OF INDIANA

DATE: 4/11/2014

ATTACHMENT B-1
Community Harvest Food Bank
TEFAP FY14 Budget Amendment

Budget

Expense	Original Cost	Amended Cost
Salaries		
Fringe		
Space Cost	\$42,575.00	\$53,775.00
Transportation/Travel	\$18,247.00	\$23,047.00
Supplies		
Contract Services		
Subtotal	\$60,822.00	\$76,822.00
Total (rounded)	\$60,822.00	\$76,822.00