

MAY 24 2013

18770



## EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-06)

Instructions for completing the EDS and the Contract process.

Received

MAY 29 2013

IDOA Contracts

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.

<b>AGENCY INFORMATION</b>	
14. Name of agency: Department of Health	15. Requisition Number: 0000021642
16. Address: 2 N. Meridian Street Indianapolis, IN 46204	
<b>AGENCY CONTACT INFORMATION</b>	
17. Name: Erin Czajkowski	18. Telephone #: 317/234-3538
19. E-mail address: eczajkowski@isdh.in.gov	
<b>COURIER INFORMATION</b>	
20. Name: Jennifer Myers	21. Telephone #: 317-234-8313
22. E-mail address: Jmmyers1@isdh.in.gov	
<b>VENDOR INFORMATION</b>	
23. Vendor ID # 0000066607	
24. Name: OPEN DOOR HEALTH SERVICES INC	25. Telephone #: (765) 286-7000
26. Address: PO BOX 1676 MUNCIE, IN 47308	
27. E-mail address: trestep@opendoorhs.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 Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30. If yes, list the %: Minority: _____ % Women: _____ %
31. Sub Vendor: M/WBE Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32. If yes, list the %: Minority: _____ % Women: _____ %
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)? <input type="checkbox"/> Yes: IOT or Delegate has signed off on contract	
36. Statutory Authority (Cite applicable Indiana or Federal Codes): PUBLIC LAW 95-627, 7CFR, PART 246	
37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.) Additional funding for transition of Madison County's caseload to Open Door effective 2/1/13. The Indiana Supplemental Food Program for Women, Infants and Children provides nutritious supplemental foods, nutrition education, and health care referrals to women, infants and children up to the age of five who are at nutritional risk and meet federal income guidelines (up to 185% of poverty)	
38. Justification of vendor selection and determination of price reasonableness: The State contracts with local sponsoring agencies to administer the Indiana WIC Program pursuant to Public Law 95-627, 7CFR, Part 246. This entity was awarded the contract through the State procurement bid process, RFP# 12-50. Funding is determined by a formula based on participant caseload.	
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 5/23/13
42. Budget agency approval <i>[Signature]</i>	43. Date Approved 5/31/13
44. Attorney General's Office approval <i>MM</i>	45. Date Approved 6/7/2013
46. Agency representative receiving from AG	47. Date Approved

RECEIVED

JUN 04 2013

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

<b>Requisition No.</b>	<b>Date</b>	<b>Required Date</b>	<b>Page</b>
0000021642	05/16/2013		1 of 1
<b>Fund/Account:</b> 61900 / 573100			
<b>Dept Number:</b> 195070			
<b>Project Number:</b> 400361014250013			
<b>Requisition Number:</b> 0000021642			
<b>Requestor:</b> GALLEN Allen, Gary-400			
<b>Agency Number:</b> 00400 Department of Health			
<b>Facility:</b>			

### MUST COMPLETE FOR ICPR

☐ Print REQ  
☐ Streamline Eligible

Line	Item	Description	Quantity	UOM	Unit Price	Ext Amt
1-1	RFP# 12-50.	Amend #2 A70-3-070480, 10/1/12-9/30/13	1.0000	LO	211,180.0000	211,180.00

Vendor: 0000066607 OPEN DOOR HEALTH SERVICES INC

<< EDS# A70-3-070480  
EXISTING PURCHASE ORDER #13525721 >>

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

**Requisition Total \$ 211,180.00**

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

61900-573100-4003610142500  
WIC 527-2

**Amendment No. 2  
EDS Number A70-3-070480**

This is an Amendment to the existing U.S.D.A. WIC Program Grant Agreement entered into by and between the Indiana State Department of Health (hereinafter referred to as the "State") and Open Door Health Services, Inc. (hereinafter referred to as the "Grantee") for the period from October 1, 2012 through September 30, 2013, in the amount of \$655,545.

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 \$211,180 making the new total of the Grant Agreement \$866,725. The additional funds will be used to assume the case load for Madison County effective February 1, 2013. See Attachment A-2, attached hereto, which replaces Attachment A-1, 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.

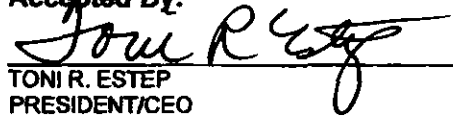
**Non-Collusion and Acceptance**

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:

  
TONI R. ESTEP  
PRESIDENT/CEO  
OPEN DOOR HEALTH SERVICES, INC.

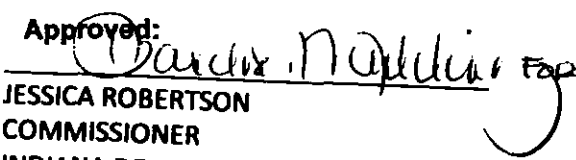
DATE: 5/6/13

Recommended and Approved By:

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


DATE: 5/23/13

Approved:

 (for)  
JESSICA ROBERTSON  
COMMISSIONER  
INDIANA DEPARTMENT OF ADMINISTRATION

DATE: 5.30.13

Approved:

 (for)  
CHRISTOPHER D. ATKINS, DIRECTOR  
STATE BUDGET AGENCY  
STATE OF INDIANA

DATE: 5/2/13

Approved as to Form and Legality:

 (for)  
GREGORY F. ZOELLER  
ATTORNEY GENERAL OF INDIANA

DATE: 4/2/2013

## ATTACHMENT A-2

### Budget Summary

Grant Name	USDA WIC Program - FY 2013
Local Agency	OPEN DOOR HEALTH SERVICES INC
Clinic Operations Caseload	6663
Breastfeeding Promotion Caseload	534
FTE Breastfeeding Promotion	1.3
FTE Clinic Operations	15.68
Participants Per FTE Clinic Operations	425
Clinic Operations Amount	\$765,674.00
Breastfeeding Promotion Amount	\$91,932.00
Regional Center Amount	\$9,119.00
Total Proposed Amount	\$866,725.00

Budget Line Item	Amount	Amended Amount	Amended Total
Fringe Breastfeeding Promotion	\$12,068.00	\$4,044.00	\$16,112.00
Salaries Breastfeeding Promotion	\$58,074.00	\$11,058.00	\$69,132.00
Supplies Breastfeeding Promotion	\$4,275.00		\$4,275.00
Communications Breastfeeding Promotion	\$0.00	\$280.00	\$280.00
Travel Breastfeeding Promotion	\$1,586.00	\$547.00	\$2,133.00
<b>Total Breastfeeding Promotion</b>	<b>\$76,003.00</b>	<b>\$15,929.00</b>	<b>\$91,932.00</b>
Communications Clinic Operations	\$4,753.00	\$6,131.00	\$10,884.00
Contract Services Clinic Operations	\$18,923.00		\$18,923.00
Fringe Clinic Operations	\$87,828.00	\$13,218.00	\$101,046.00
Nutrition Education Supplies Clinic	\$15,539.00		\$15,539.00
Outreach Clinic Operations	\$800.00	\$500.00	\$1,300.00
Salaries Clinic Operations	\$383,762.00	\$137,624.00	\$521,386.00
Space Cost Clinic Operations	\$40,738.00	\$30,597.00	\$71,335.00
Supplies Clinic Operations	\$13,155.00	\$6,645.00	\$19,800.00
Travel Clinic Operations	\$2,275.00	\$536.00	\$2,811.00
Travel Nutrition Education Clinic Operations	\$2,650.00		\$2,650.00
<b>Total Clinic Operations</b>	<b>\$570,423.00</b>	<b>\$195,251.00</b>	<b>\$765,674.00</b>
Supplies Regional Center	\$6,175.00		\$6,175.00
Travel Regional Center	\$2,944.00		\$2,944.00
<b>Total Regional Center</b>	<b>\$9,119.00</b>	<b>\$0.00</b>	<b>\$9,119.00</b>
<b>Total Amount</b>	<b>\$655,545.00</b>	<b>\$211,180.00</b>	<b>\$866,725.00</b>