15. Requisition Number: 0000026225

AGENCY INFORMATION

14. Name of agency:



**EXECUTIVE DOCUMENT SUMMARY** 

State Form 41221 (R10/4-06)
Instructions for completing the Education (NACC)

	the EDS and the property of the state of the	Department of Health	0000026225	
Please read the guidelin     Please type all information		16. Address: 2 N. Meridian Street Indianapolis, IN 46204		
Check all boxes that ap	DOA Contracts			
<ol><li>For amendments / renev</li></ol>	vals, attach original contract.	A OF NOV. CONTACT	NEODMATION	
5. Attach additional pages	lo(lo	AGENCY CONTACT I		
		17. Name: Steve Gale	18. Telephone #: 317/233-9243	
1. EDS Number:	2. Date prepared:		317/233-9243	
A70-4-070507	6/26/2014	19. E-mail address: sgale1@isdh.in.gov		
3. CONTRAC	CTS & LEASES	COURIER INFO	DRMATION	
— Professional/Personal Services	Contract for procured Services			
X Grant	Maintenance	20. Name:	21. Telephone #:	
Lease	License Agreement	Michael P. Mendyk	317-233-7853	
— Attorney	X Amendment# 1	22. E-mail address:		
MOU	Renewal #	mendyk@isdh.in.gov		
QPA	Other	VENDOR INFORMATION		
FISCAL IN	FORMATION	23 Vendor ID # 0000076850		
4. Account Number:	5. Account Name:	24. Name: ARC REHAB SERVICES INC	25. Telephone #: (765) 482-6815	
61900-30700.573100	ISDH DOAg Fund	26. Address: ARC REHAB SERVICES, IN		
Total amount this action:	7.New contract total:	900 W MAIN ST		
\$4,532.34 8. Revenue generated this action:	106,943.24	LEBANON, IN 46052		
<u> </u>	9.Revenue generated total contract:     \$0.00			
\$0.00 10.New total amount for each fiscal yea		27. E-mail address: ssavage@thearcgbc.org		
Year 2014 \$102,410.90		28. Is the vendor registered with the Secretary of Corporations, must be registered.		
Year 2015 \$4,532.34	-			
Year \$	_	29. Primary Vendor: M/WBE/IN-Veteran Minority: Yes X No	30. Primary Vendor Percentages	
Year \$	_	Women: Yes X No	100.0 %	
	-			
		IN-Veteran: Yes X No		
TIME PERIOD CO	OVERED IN THIS EDS	IN-Veteran:YesXNo	32. If yes, list the %:	
	VERED IN THIS EDS		32. If yes, list the %: Minority: %	
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11. From (month, day, year): 10/1/2013	12. To ( month, day, year ): 9/30/2014	31. Sub Vendor: M/WBE/IN-Veteran Minority: Yes X No	Minority: %	
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**REQUISITION** Ship To: State Department of Health Requisition No. Date **Required Date** Page Section 2-C 0000026225 07/29/2014 1 of 1 2 N MERIDIAN ST 61900 / 573100 195070 INDIANAPOLIS IN 46204 Fund/Account: **Dept Number: Project Number:** 40010557WICAD14 Requisition Number: 0000026225 Requestor: GALLEN Allen, Gary-400 Bill to: State Department of Health Agency Number: 00400 Department of Health Section 2-C Facility: 2 N MERIDIAN ST MUST COMPLETE FOR ICPR INDIANAPOLIS IN 46204 **Print REQ** Streamline Eligible **UOM** Unit Price Line Item Description Quantity **Ext Amt** Contract is being amended to provide personnel, fringe, nutrition education activities, outreach activities, travel and other miscellaneous needs for the agency. 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. Amend #1 A70-4-070507. 1.0000 LO 4,532.3400 4,532.34 10/1/13-9/30/14 Vendor: 0000076850 ARC REHAB SERVICES INC << PLEASE SEE ATTACHED CONTRACT CONTRACT DATE 10/1/13-9/30/14 CONTRACT AMOUNT \$4,532.34 EXISTING PURCHASE ORDER # 14525069 >> The following UN/CEFACT Unit of Measure Common Codes are used in this document: **Requisition Total \$** 4,532.34

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		

## 61900-573100-40010557WICAD14 WIC

## Amendment No. 1 EDS Number A70-4-070507

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 **Arc Rehab Services, Inc.** (hereinafter referred to as the "Grantee") for the period from **October 1, 2013** through **September 30, 2014**, in the amount of **\$102,410.90**.

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 \$4,532.34 making the new total of the Grant Agreement \$106,943.24. 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:			
Ao V my			
STEVE SAVAGE EXECUTIVE DIRECTOR ARC REHAB SERVICES, INC.	-		
DATE: 7/29/14			
Recommended and Approved By:			
Jasey sstumi	(for)		
WILLIAM C. VANNESS II, MD STATE HEALTH COMMISSIONER INDIANA STATE DEPARTMENT OF HEALTH			
DATE: 8/15/14			
Approved:		Approved:	
JESSICA ROBERTSON, COMMISSIONER DEPARTMENT OF ADMINISTRATION	(for)	BRIAN E BAILEY, DIRECTOR STATE BUDGET AGENCY	(for)
STATE OF INDIANA		STATE OF INDIANA	
DATE: Y/15/14		DATE: <b>8</b> /20/14	
Approved as to Form and Legality:			
GREGORY F. ZOELLER ATTORNEY GENERAL OF INDIANA	(for)		
DATE: 8/27/2014			

## Attachment B1 - Budget Summary





Name of Organization:		Arc Rehab Services, Inc.			
Employer ID Number (EIN)					
Breastfeeding Region	White	Federa	Federal Fiscal Year 2014		
000 W					
Address: 900 West Main S	· · · · · · · · · · · · · · · · · · ·	n male a la company			
City: Lebanon	Sta	nte: Indiana	Zip:  46052		
Phone: (765) 48	32-6815	Fax:	(765) 482-696	4	
Website;			(100) (100)		
Name of Chief Execu	,	Steve Savage			
Title: Executive	Director	ector Phone:			
Email:	SS	ssavage@thearcgbc.org			
		т •	77. 14		
Name of Program Cont		Louise Knecht			
AND CONTRACTOR OF THE CONTRACT	WIC Coordinator Phone:				
Email:					
Clinic Operation Caseload 69	00 B	reastfeeding Promo	tion Caseload	94	
o,				<del></del>	
WIC Nutrition Services & A	dmin (NSA)	Total Costs: \$	10	6,943.24	
Breastfeeding Promotion Co	sts: \$	3,	002.73		
Personnel - Sal	ary: \$	2,	132.00		
Personnel - Frii	ige: \$		452.73		
Tra	vel: \$	\$ 418.00			
Clinic Operations Co	sts: \$	103,	940.51		
Personnel - Sal	ary: \$	\$ 61,769.34			
		\$ 26,667.00			
Travel - Clinic Servi	ces: \$		-		
Travel - Nutrition Educat	ion: \$		-		
Suppl	ies: \$	\$ 2,028.00			
Communicat	ion: \$	2,	007.00		
Contract Service	ces: \$	4,	442.17		
Space Co	sts: \$	7.	027.00		