

**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

1. EDS Number: A70-4-070518		2. Date prepared: 7/7/2014	
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# 1	
<input type="checkbox"/> MOU		<input type="checkbox"/> Renewal #	
<input type="checkbox"/> QPA		<input type="checkbox"/> Other	
FISCAL INFORMATION			
4. Account Number: Multiple		5. Account Name: Multiple-Refer to Online	
6. Total amount this action: \$94,225.19		7. New contract total: 1,019,462.81	
8. Revenue generated this action: \$0.00		9. Revenue generated total contract: \$0.00	
10. New total amount for each fiscal year:			
Year 2014 \$925,237.82			
Year 2015 \$94,225.19			
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)			
<input type="checkbox"/> Special Procurement			
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. 1786			
37. 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.)			
40. Agency fiscal officer or representative approval <i>Joseph J. J. J.</i>		41. Date Approved 9/13/14	
42. Budget agency approval <i>[Signature]</i>		43. Date Approved 8/19/14	
44. Agency General's Office approval <i>DSS</i>		45. Date Approved 8/22/14	
46. Agency representative receiving from AG		47. Date Approved	

## AGENCY INFORMATION

14. Name of agency: Department of Health	15. Requisition Number: 0000026211
16. Address: 2 N. Meridian Street Indianapolis, IN 46204	

## AGENCY CONTACT INFORMATION

17. Name: Steven A. Gale	18. Telephone #: 317/233-9243
19. E-mail address: sgale1@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 # 0000058437	
24. Name: ELKHART COUNTY	25. Telephone #: (574) 523-2105
26. Address: ELKHART COUNTY AUDITOR ELKHART COUNTY OFFICE BLDG 117 N 2ND ST COSHEN, IN 46526	
27. E-mail address: dnafiger@elkhartcounty.com	
28. Is the vendor registered with the Secretary of State? (Out of State Corporations, must be registered) Yes X No	
29. Primary Vendor: M/WBE/IN-Veteran	30. Primary Vendor Percentages
Minority: Yes X No	100.0 %
Women: Yes X No	
IN-Veteran: Yes X No	
31. Sub Vendor: M/WBE/IN-Veteran	32. If yes, list the %:
Minority: Yes X No	Minority: %
Women: Yes X No	Women: %
IN-Veteran: Yes X No	IN-Veteran: %
33. Is there Renewal Language in the document? X Yes No	34. Is there a "Termination for Convenience" clause in the document? X Yes No

RECEIVED

AUG 20 2014

OAG-ADVISORY



73886-001

# REQUISITION

mc

**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> 0000026211	<b>Date</b> 07/29/2014	<b>Required Date</b>	<b>Page</b> 1 of 1
<b>Fund/Account:</b> 61900 / 571100			
<b>Dept Number:</b> 195070			
<b>Project Number:</b> 40010557WICAD14			
<b>Requisition Number:</b> 0000026211			
<b>Requestor:</b> GALLEN		Alien, 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		Amend # 1 A70-4-070518, 10/1/13-9/30/14	1.0000	LO	94,225.1900	94,225.19

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.

Vendor: 0000058437 ELKHART COUNTY

<< PLEASE SEE ATTACHED CONTRACT  
CONTRACT DATE 10/1/13-9/30/14  
CONTRACT AMOUNT \$94,225.19

EXISTING PURCHASE ORDER #14534047 >>

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

**Requisition Total \$ 94,225.19**

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 A70-4-070518 (WIC)**

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 **Elkhart County Health Department** (hereinafter referred to as the "Grantee") for the period from **October 1, 2013** through **September 30, 2014**, in the amount of **\$925,238**.

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 **\$94,225** making the new total of the Grant Agreement **\$1,019,463**. 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:**

  
DANIEL NAFZIGER, M.D.  
HEALTH OFFICER  
ELKHART COUNTY HEALTH DEPARTMENT

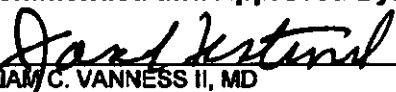
DATE: 7/22/14

**Attested By:**

  
PAULINE GRAFF  
AUDITOR  
ELKHART COUNTY


DATE: 7/24/14

**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: 8/17/14

**Approved:**

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

DATE: 8/19/14

**Approved as to Form and Legality:**

 (for)  
GREGORY F. ZOELLER  
ATTORNEY GENERAL OF INDIANA

DATE: 8/22/14

Attachment B1 - Budget Summary



**Indiana State  
Department of Health**



**Local Agency Budget**

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

Address:	608 Oakland Avenue		
City:	Elkhart	State:	Indiana
		Zip:	46516

Phone:	(574) 523-2105	Fax:	(574) 295-6186
Website:			

Name of Chief Executive:	Daniel A Nafziger, M.D., M.S.		
Title:	Health Officer	Phone:	
Email:	dnafziger@elkhartcounty.com		

Name of Program Contact:	Kathy Wright		
Title:	WIC Coordinator	Phone:	
Email:			

Clinic Operation Caseload	7047	Breastfeeding Promotion Caseload	1123
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<b>WIC Nutrition Services &amp; Admin (NSA) Total Costs:</b>	<b>\$ 1,019,462.81</b>
<b>Breastfeeding Promotion Costs:</b>	<b>\$ 49,761.76</b>
Personnel - Salary:	\$ 23,870.24
Personnel - Fringe:	\$ 18,484.70
Travel:	\$ 5,141.66
Supplies:	\$ 2,265.16
<b>Clinic Operations Costs:</b>	<b>\$ 969,701.05</b>
Personnel - Salary:	\$ 596,067.13
Personnel - Fringe:	\$ 317,769.84
Travel - Clinic Services:	\$ 2,757.60
Travel - Nutrition Education:	\$ 1,727.26
Supplies:	\$ 22,514.22
Communication:	\$ 8,900.00
Contract Services:	\$ 10,715.00
Space Costs:	\$ 9,250.00