

**EXECUTIVE DOCUMENT SUMMARY**

State Form

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 that apply.  
4. For amendments / renewals, attach original contract.  
5. Attach additional pages if necessary.

**Received**

MAY 12 2008

IDOA Contracts

7/4  
HB

1. EDS Number: a70-8-069133  
2. Date prepared: 3/17/2008

**3. CONTRACTS & LEASES**

— Professional/Personal Services — Contract for procured Services  
☒ Grant — Maintenance  
— Lease — License Agreement  
— Attorney ☒ Amendment# 1  
— MOU — Renewal #  
— QPA — Other

**FISCAL INFORMATION**

4. Account Number: 1000-10101  
5. Account Name: Donated Dental Services  
6. Total amount this action: \$42,932.00  
7. New contract total: 85,864.00  
8. Revenue generated this action: \$0.00  
9. Revenue generated total contract: \$0.00  
10. New total amount for each fiscal year:  
Year 2008 \$42,932.00  
Year 2009 \$42,932.00  
Year \$  
Year \$

**TIME PERIOD COVERED IN THIS EDS**

11. From (month, day, year): 1/12/2008  
12. To (month, day, year): 6/30/2009  
13. Method of source selection: ☒ Negotiated  
— Bid/Quotation — Emergency — Special Procurement  
— RFP# — Other (specify)

35. Will the attached document involve data processing or telecommunications systems

Yes: IOT or Delegate has signed off on contract

36. Statutory Authority (Cite applicable Indiana or Federal Codes):  
NONE

37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.)

This line item appropriation was authorized by the General Assembly to address a need for access to dental care for the elderly and disabled population whose needs are not being met by existing public assistance. Amendment #1 extends this Grant through State FY 2009 with \$42,932.

38. Justification of vendor selection and determination of price reasonableness:

Indiana Donated Dental Services (IDDS) operates a highly efficient system for delivery of oral health services. IDDS utilizes volunteer dentists and laboratories to deliver much needed services to handicapped individuals who would not otherwise receive treatment.

39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)

MAY 20 2008

**OAG-ADVISORY**

40. Agency fiscal officer or representative approval MMA	41. Date Approved 5/9/08	42. Budget agency approval Michael F. Conner	43. Date Approved 5/14/08
44. Attorney General's Office approval CMB	45. Date Approved 5-20-08	46. Agency representative receiving from AG	47. Date Approved



23637-002

12373

MAY 09 2008

**AGENCY INFORMATION**

14. Name of agency: Department of Health  
15. Requisition Number:

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

**AGENCY CONTACT INFORMATION**

17. Name: Rita Hope  
18. Telephone #: 317.233.9256

19. E-mail address:  
rhope@isdh.in.gov

**COURIER INFORMATION**

20. Name: Steve Martin  
21. Telephone #: 317.233.7573

22. E-mail address:  
smartin@isdh.in.gov

**VENDOR INFORMATION**

23. Vendor ID # 0000078886

24. Name: INDIANA FOUNDATION OF DENTISTRY F/T HAN  
25. Telephone #: 3176316022

26. Address: DENTISTRY FOR THE HANDICAPPED  
1800 15TH ST. UNIT 100  
DENVER, CO 80202

27. E-mail address: fleviton@nfdh.org

28. Is the vendor registered with the Secretary of State? (Out of State Corporations must be registered) ☒ Yes ☐ No

29. Primary Vendor: M/WBE  
Minority: ☐ Yes ☒ No  
Women: ☐ Yes ☒ No

30. If yes, list the %:  
Minority: %  
Women: %

31. Sub Vendor: M/WBE  
Minority: ☐ Yes ☒ No  
Women: ☐ Yes ☒ No

32. If yes, list the %:  
Minority: %  
Women: %

33. Is there Renewal Language  
in ☒ Yes ☐ No

34. Is there a "Termination for  
Convenience" clause in the  
document? ☒ Yes ☐ No

FINANCE  
STATE DEPT. OF HEALTH  
03 MAY -8 10:18:02

1000-572900-101010  
DD 949-1

JAP

**Amendment No. 1**  
**EDS Number A70-8-069133**

This is an Amendment to the existing Donated Dental Services Grant Agreement entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **Indiana Foundation of Dentistry For The Handicapped, Inc.** (hereinafter referred to as the "Grantee") for the period from January 12, 2008 through June 30, 2008, in the amount of \$42,932.

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 \$42,932 making the new total of the Grant Agreement \$85,864. The additional funds will be used to provide access to dental care for the elderly and disabled population whose needs are not being met by existing public assistance. See Attachment B, attached hereto, made a part hereof and incorporated herein as part of this Grant Agreement. The expiration date of this Grant Agreement is being extended to June 30, 2009.

Paragraph 10B – **Compliance with Laws** is amended to read:

The Grantee and its agents shall abide by all ethical requirements that apply to persons who have a business relationship with the State as set forth in IC § 4-2-6 *et seq.*, IC § 4-2-7, *et seq.*, the regulations promulgated there under, and Executive Order 04-08, dated April 27, 2004. If the Grantee is not familiar with these ethical requirements, the Grantee should refer any questions to the Indiana State Ethics Commission, or visit the Indiana State Ethics Commission website at <http://www.in.gov/ethics/>. If the Grantee or its agents violate any applicable ethical standards, the State may, in its sole discretion, terminate this Grant immediately upon notice to the Grantee. In addition, the Grantee may be subject to penalties under IC §§ 4-2-6, 4-2-7, 35-44-1-3, and under any other applicable laws.

Paragraph 20A – **Additional Payment Terms** is amended to read:

The State disburses Grant funds on a cost reimbursement basis. Actual expenditures of authorized costs will be reimbursed monthly by the State upon receipt of duly executed Invoices from the Grantee. Invoices shall be due by the 20<sup>th</sup> day after the end of each month. Payments shall not exceed \$42,932 for the period of January 12, 2008 through June 30, 2008, and \$42,932 for the period July 1, 2008 through June 30, 2009. Total remuneration under this Grant Agreement shall not exceed \$85,864.

Paragraph 20B is amended to read: }

All accounts will be closed sixty (60) days after the end of each Grant Agreement period as specified in Paragraph 20A. Any invoice submitted after sixty (60) days will not be reimbursed by the State.

#### **Funding Summary**

1000-101010	01/12/08 thru 06/30/08	\$ 42,932
1000-101010	07/01/08 thru 06/30/09	<u>42,932</u>
Total		\$ 85,864

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.

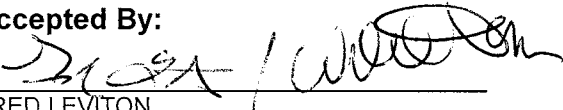
#### **Non-Collusion and Acceptance**

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:**

  
FRED LEVITON  
VP/CHIEF OPERATING OFFICER  
INDIANA FOUNDATION OF DENTISTRY FOR THE  
HANDICAPPED


DATE: 5/2/08 15/5/08

**Certification of Funds:**

  
BEVERLY S. FLANAGAN  
DEPUTY DIRECTOR OF BUSINESS PROCESSES  
DIVISION OF FINANCE  
OPERATIONAL SERVICES COMMISSION  
INDIANA STATE DEPARTMENT OF HEALTH


DATE: May 9, 2008

**Approved:**

  
CARRIE HENDERSON  
COMMISSIONER  
DEPARTMENT OF ADMINISTRATION  
STATE OF INDIANA

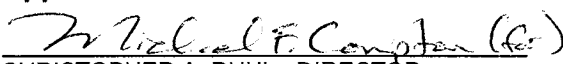
DATE: 5/12/2008

**Recommended and Approved By:**

  
LANCE RHODES  
CHIEF FINANCIAL OFFICER  
OPERATIONAL SERVICES  
INDIANA STATE DEPARTMENT OF HEALTH

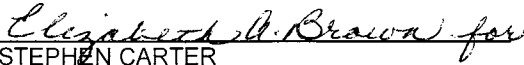
DATE: 5/9/08

**Approved:**

  
CHRISTOPHER A. RUHL, DIRECTOR  
STATE BUDGET AGENCY  
STATE OF INDIANA

DATE: 5/12/08

**Approved as to Form and Legality:**

  
STEPHEN CARTER  
ATTORNEY GENERAL OF INDIANA

DATE: 5-20-08

**ATTACHMENT B – DD 949-1 FY2009  
A70-8-069133**

The Indiana State Department of Health, Oral Health Program, a section of Maternal Child Health Services, is awarding the NATIONAL FOUNDATION OF DENTISTRY FOR THE HANDICAPPED- INDIANA DONATED DENTAL SERVICES these monies to provide referral assistance to disabled, aged or residents of Indiana, unable to afford dental care nor get help through public aid—people with seriously neglected problems that have no other way of obtaining needed care.

Indiana Donated Dental Services will provide to the Indiana State Department of Health (ISDH) Oral Health Program Director:

Quarterly reports with non identifying demographical data on numbers and ages of patients served, descriptions of services, logistical data on cities or counties (urban or rural) where services were provided, including provider zip codes, if possible.

Quarterly reports will also include the cost of operations for the Indiana Donated Dental Services including specifics relating to this particular grant.

An annual report will be submitted to ISDH in addition to the quarterly reports with summaries of data collected and a brief program narrative on progress for each year of the contract. Comparisons may be made from previous years' growth and activities. A list of provider dentists with contact information should accompany the annual report. If possible, an estimate of actual costs of services (if fees would have been charged) would be appreciated for ISDH cost savings data collection bank.

Invoices will be submitted monthly in arrears, according to the ISDH required formats.

(See Program Manager for details. Ms. Rita Hope [rhope@isdh.in.gov](mailto:rhope@isdh.in.gov) 317 233 9256)

Anticipated Expenditures for Fiscal Year 2009 7/1/2008 to 6/30/2009						
	Indiana Foundation of Dentistry For The Handicapped - Donated Dental Services Program	DD 949-1	MOU DSHA 949-2	Other funding - Non ISDH	Total	
	<b>Schedule A</b>					
111	Physicians					
111.15	Dentists/Hygienists					
111.2	Other Service Providers					
111.35	Care Coordination					
111.4	Nurses					
111.6	Social Service Providers					
111.7	Nutritionists/Dieticians					
111.8	Medical/Dental/Project Director					
111.825	Project Coordinator		40181	15071	55252	note a
111.85	Other Administration	17482	2518		20000	note b
115	Fringe Benefits		9301	12905	22206	note c
	<b>Schedule B</b>					
200	Contractual Services	1400			1400	
200.5	Equipment				0	
200.6	Consumable Supplies	11050			11050	
200.7	Travel	3200			3200	
200.8	Rental and Utilities	700			700	
200.85	Communications	4200			4200	
200.9	Other Expenditures	4900			4900	
	<b>Subtotal Schedule A</b>	17482	52000	27976	97458	
	<b>Subtotal Schedule B</b>	25450			25450	
	<b>Total</b>	42932	52000	27976	122908	
	<b>Calculations - rounded up</b>					
note a	Project Coordinator	18.29*32*52		30434.56		
		14.914*32*52		24816.9	55252	
note b	Other Administration	\$48.077*8*52			20000	
note c	Fringe Benefits	55252*.401904			22206	