

16540

MAY 20 2011

## 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

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IDOA Contracts

118

AO

1. EDS Number: A70-1-106041	2. Date prepared: 4/27/2011
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## 3. CONTRACTS &amp; LEASES

<input checked="" 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: 61910-94000.573100	5. Account Name: ISDH DHHS Fund
6. Total amount this action: \$48,310.00	7. New contract total: \$79,750.00
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year 2011	\$33,440.00
Year 2012	\$48,310.00
Year	\$
Year	\$

## TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year): 1/1/2011	12. To (month, day, year): 12/31/2011
13. Method of source selection: <input checked="" type="checkbox"/> Negotiated	
<input type="checkbox"/> Bid/Quotation <input type="checkbox"/> Emergency <input type="checkbox"/> Special Procurement	
<input type="checkbox"/> RFP# <input type="checkbox"/> Other (specify)	

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):  
 410 IAC 1-2.3

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

Amendment #1 will continue grant through December 31, 2011, and adds \$46,310 funding, to continue providing logistic support to the American Lung Association and the Indiana State Department of Health TB Control Division and support a variety of specific activities, to include distribution of incentives and enablers reimbursement for TB patients, and provide distribution to rural areas for reimbursement of directly observed therapy.

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

The American Lung Association is a nonprofit organization and the only statewide organization dealing with TB control issues.

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

RECEIVED

MAY 26 2011

OAG-ADVISORY

40. Agency fiscal officer or representative approval <i>me</i>	41. Date Approved 5/19/11	42. Budget agency approval <i>18.</i>	43. Date Approved 05/25/11
44. Attorney General's Office approval <i>ama</i>	45. Date Approved 5/26/11	46. Agency representative receiving from AG	47. Date Approved

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**Amendment No. 1  
EDS Number A70-1-106041**

This is an Amendment to the existing **Tuberculosis Cooperative Grant** Grant Agreement entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **American Lung Association of the Upper Midwest** (hereinafter referred to as the "Grantee") for the period from **January 1, 2011 through June 30, 2011**, in the amount of **\$33,440**.

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 **\$46,310** making the new total of the Grant Agreement **\$79,750**. The additional funds will be used to **continue providing logistic support to the Indiana State Department of Health (ISDH) TB Control Division and support a variety of specific activities, to include distribution of incentives and enablers reimbursement for TB patients, and provide distribution to rural areas for reimbursement of directly observed therapy**. See Attachment B, attached hereto, and made a part hereof and incorporated herein by reference as a part of this Grant Agreement. The expiration date of this Grant Agreement is being extended to **December 31, 2011**.

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.

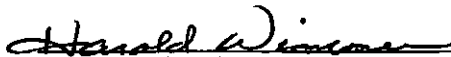
**Non-Collusion and Acceptance**

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.

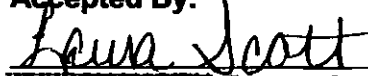
**Accepted By:**



HAROLD WIMMER  
CEO  
AMERICAN LUNG ASSOCIATION OF THE UPPER  
MIDWEST

DATE: 5/16/11

**Accepted By:**



~~ALISON MARRIN~~ Laura Scott  
~~EXECUTIVE DIRECTOR~~ CFO/SVP-Operations  
AMERICAN LUNG ASSOCIATION OF THE UPPER  
MIDWEST (INDIANAPOLIS)

DATE: 5/16/11


**Certification of Funds:**



ALLEN L. COLLIER  
DIRECTOR OF FINANCE  
DIVISION OF FINANCE  
OPERATIONAL SERVICES COMMISSION  
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 5-19-11

**Recommended and Approved By:**



MICHAEL R. KISTLER  
CHIEF FINANCIAL OFFICER  
OPERATIONAL SERVICES COMMISSION  
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 5-19-11

**Approved:**



ROBERT D. WYNKOOP  
COMMISSIONER  
DEPARTMENT OF ADMINISTRATION  
STATE OF INDIANA

DATE: 5-23-11

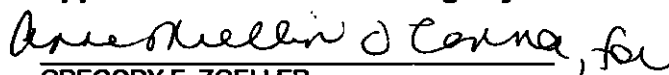
**Approved:**



ADAM M. HORST, DIRECTOR  
STATE BUDGET AGENCY  
STATE OF INDIANA

DATE: 05/25/2011

**Approved as to Form and Legality:**



GREGORY F. ZOELLER  
ATTORNEY GENERAL OF INDIANA

DATE: 5-26-11

**Attachment B**  
**A70-1-106041**  
**American Lung Association Upper Midwest**

**PURPOSE OF GRANT AGREEMENT:**

The purpose of this grant agreement is to provide the following services to the Tuberculosis (TB) Control Program of the Indiana State Department of Health (ISDH).

- A. Support a variety of specific activities including but not limited to TST training, facilitating the biannual TB Symposium and other TB education activities and events.
- B. Provide distribution of reimbursement to Local Health Departments for incentives & enablers for TB patients to assure treatment completion
- C. Provide distribution of reimbursement for DOT to Local Health Departments.
- D. Time frame for this grant is from 1/1/2011 through December 31, 2011

**SERVICE RECIPIENTS:** Residents, local health departments and health professionals in the State of Indiana

**GRANT ACTIVITIES:**

REQUIRED ACTIVITIES	MEASURABLE CRITERIA	TOTAL
<b>LOGISTIC SUPPORT</b>		
The ALA will provide logistic support for statewide TB education programs that pertain to core activities such as TST training, regional meetings for local health department nurses and TB outreach workers, and general TB education to high risk groups and health providers	Performance will be measured by effectiveness of the specified training/educational activities, and timeliness of the response in delivering reimbursements. Activities and services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols	\$8,000
<b>SPECIAL PROJECTS</b>		
ALA will distribute reimbursement for directly observed therapy and contact investigations to approved local health departments unable to provide these services.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols	\$11,100
ALA will use "Special Project" funds for reimbursement of projects including, but not limited to, covering the costs of incentives and enablers for special situations, including housing and possibly for assistance in management of the recalcitrant patient.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols.	\$8,000
Facilitation of Biannual TB Symposium venue rental, scholarships for Local Health Departments to cover registration, and other associated costs: Registration Fee for LHD Nurses =\$7,050, Venue Rental =\$7,950	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols	\$15,000
ALA will provide a quarterly report summarizing activities and expenditures of the quarter.	Quarterly reports are due: April 2011, June 30, 2011,	
<b>BUDGET SUMMARY</b>		
Logistic Support		\$8,000
Special Projects Costs		\$11,100
DOT Reimbursement		\$8,000
TB Symposium		\$15,000
Applicable Administrative Cost up to maximum of 10%		\$4,210
<b>Total Grant Costs</b>		<b>\$46,310</b>

## **Logistic Support**

- \$8,000 from Jan 1, 2011 to December 31, 2011 for TST training, etc. logistic support

## **ASSOCIATED DELIVERABLES**

- **Rural Area DOT Reimbursement: \$11,100**
  - Invoices will provide a line item listing of the counties and individual who are reimbursed
- **Incentives and Enablers, housing, etc. : \$8,000**
  - Invoices will provide a line item listing of the type of incentive/enabler and name of individual reimbursed.
- **Training expenses**
  - Invoices will provide a line item listing of the expenditures.
- **Mileage, Lodging, Per Diem:**
  - Mileage, Lodging, Per Diem will be reimbursed by the State at the rate customarily paid by the Grantee or the current rate being paid by the State of Indiana, whichever is the lesser.
- **Invoices:**

All invoices must be accompanied by written documentation of actual expenditures for all claimed items. The Grantee will be paid monthly deliverables defined and referenced above. Such payment shall be made in arrears upon receipt and approval of invoice and quarterly reports. Payment of invoices may be held until quarterly reports are received.