

MAY 20 2013

18773

EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-06)

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

MAY 22 2013

IDOA Contracts

7/12

PT

1. EDS Number: A70-3-070429	2. Date prepared: 4/10/2013
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3. CONTRACTS & LEASES

<input type="checkbox"/> Professional/Personal Services <input checked="" type="checkbox"/> Grant <input type="checkbox"/> Lease <input type="checkbox"/> Attorney <input type="checkbox"/> MOU <input type="checkbox"/> QPA	<input type="checkbox"/> Contract for procured Services <input type="checkbox"/> Maintenance <input type="checkbox"/> License Agreement <input checked="" type="checkbox"/> Amendment# <u>1</u> <input type="checkbox"/> Renewal # <input type="checkbox"/> Other
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FISCAL INFORMATION

4. Account Number: 61900-30700.573100	5. Account Name: ISDH DOAg Fund
6. Total amount this action: \$1,339.00	7. New contract total: 191,477.00
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year 2013	\$191,477.00
Year	\$
Year	\$
Year	\$

TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year): 10/1/2013	12. To (month, day, year): 9/30/2013
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	

AGENCY INFORMATION

14. Name of agency: Department of Health	15. Requisition Number: 0000021627
16. Address: 2 N. Meridian Street Indianapolis, IN 46204	

AGENCY CONTACT INFORMATION

17. Name: Erin Czajkowski	18. Telephone #: 317/234-3536
19. E-mail address: eczajkowski@isdh.in.gov	

COURIER INFORMATION

20. Name: Jennifer Myers	21. Telephone #: 317-234-8313
22. E-mail address: Jmyers1@isdh.in.gov	

VENDOR INFORMATION

23 Vendor ID # 0000076857	
24. Name: HENDRICKS COUNTY HEALTH FOUNDATION	25. Telephone #: (317) 745-3768
26. Address: HENDRICKS COUNTY HEALTH FOUND 247 S WAYNE ST DANVILLE, IN 46122-0409	
27. E-mail address: mjrardi@hendricks.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)? Yes: IOT or Delegate has signed off on contract

36. Statutory Authority (Cite applicable Indiana or Federal Codes):
PL 95-627, 7 CFR, 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.)

Funding for additional communications and travel costs offset by reduction in clinic operation supplies due to reallocation of caseload and implementation of funding flat amount per participant. 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.)

RECEIVED

MAY 23 2013

OAG-ADVISORY

40. Agency fiscal officer or representative approval: <i>Erin Miller</i>	41. Date Approved: 5/16/13	42. Budget agency approval: <i>[Signature]</i>	43. Date Approved: 5/16/13
44. Attorney General's Office approval: PRT	45. Date Approved: 5/29/2013	46. Agency representative receiving from AG: <i>[Signature]</i>	47. Date Approved:

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

Requisition No.	Date	Required Date	Page
0000021627	05/15/2013		1 of 1
Fund/Account:	61900 / 573100		
Dept Number:	195070		
Project Number:	400361014250013		
Requisition Number:	0000021627		
Requestor:	GALLEN Allen, Gary-400		
Agency Number:	00400 Department of Health		
Facility:			

MUST COMPLETE FOR ICPR

☐ Print REQ
☐ Streamline Eligible

Line	Item	Description	Quantity	UOM	Unit Price	Ext Amt
1-1		WIC program pursuant to public law 95-627, 7CFR, Part 246. Amend #1, A70-3-070429, 10/1/12-9/30/13	1.0000	LO	1,339.0000	1,339.00

Vendor: 0000076857 HENDRICKS COUNTY HEALTH FOUNDATION

<< EDS# A70-3-070429
EXISTING PURCHASE ORDER #13523832 >>

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

Requisition Total \$ 1,339.00

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 596-2

**Amendment No. 1
EDS Number A70-3-070429**

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 Hendricks County Health Foundation Inc (hereinafter referred to as the "Grantee") for the period from October 1, 2012 through September 30, 2013, in the amount of \$190,138.

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 \$1,339 making the new total of the Grant Agreement \$191,477. The additional funds will be used due to a reallocation of case load and an adjustment to the per participant funding formula. See Attachment A-1, attached hereto, which replaces Attachment A, 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:


MARTHA J. RARDIN, R.D., C.D.
PRESIDENT
HENDRICKS COUNTY HEALTH FOUNDATION INC

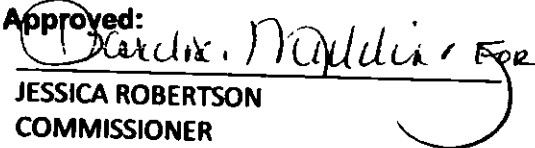
DATE: 5/10/13

Recommended and Approved By:

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


DATE: 5/16/13

Approved:

 For
JESSICA ROBERTSON
COMMISSIONER
INDIANA DEPARTMENT OF ADMINISTRATION

DATE: 5.22.13

Approved:

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

DATE: 5/22/13

Approved as to Form and Legality:

 (for)
GREGORY F. ZOELLER
ATTORNEY GENERAL OF INDIANA

DATE: 5/29/2013

ATTACHMENT A-1

Budget Summary

Grant Name	USDA WIC Program - FY 2013
Local Agency	HENDRICKS COUNTY HEALTH FOUNDATION
Clinic Operations Caseload	1339
Breastfeeding Promotion Caseload	211
FTE Breastfeeding Promotion	0.125
FTE Clinic Operations	3.05
Participants Per FTE Clinic Operations	439
Clinic Operations Amount	\$184,329.00
Breastfeeding Promotion Amount	\$7,148.00
Total Proposed Amount	\$191,477.00

Budget Line Item	Amount	Amended Amount	Amended Total
Fringe Breastfeeding Promotion	\$712.00		\$712.00
Salaries Breastfeeding Promotion	\$6,253.00		\$6,253.00
Travel Breastfeeding Promotion	\$183.00		\$183.00
Total Breastfeeding Promotion	\$7,148.00	\$0.00	\$7,148.00
Communications Clinic Operations	\$796.00	\$2,635.00	\$3,431.00
Contract Services Clinic Operations	\$6,861.00		\$6,861.00
Fringe Clinic Operations	\$12,619.00		\$12,619.00
Nutrition Education Supplies Clinic	\$3,000.00		\$3,000.00
Outreach Clinic Operations	\$701.00		\$701.00
Salaries Clinic Operations	\$130,256.00		\$130,256.00
Space Cost Clinic Operations	\$23,139.00		\$23,139.00
Supplies Clinic Operations	\$5,301.00	(\$1,364.00)	\$3,937.00
Travel Clinic Operations	\$117.00	\$68.00	\$185.00
Travel Nutrition Education Clinic Operations	\$200.00		\$200.00
Total Clinic Operations	\$182,990.00	\$1,339.00	\$184,329.00
Total Amount	\$190,138.00	\$1,339.00	\$191,477.00