

JUL 30 2014

20387



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
AUG 06 ENT'D
DOA Contracts

1. EDS Number: A70-4-070514	2. Date prepared: 8/26/2014
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
FISCAL INFORMATION	
4. Account Number: 61900-30700.573100	5. Account Name: ISDH DOAg Fund
6. Total amount this action: \$30,480.00	7. New contract total: 586,290.97
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year 2014	\$555,810.97
Year 2015	\$30,480.00
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# <u>12-50</u> <input type="checkbox"/> Other (specify)	
13. Method of source selection: <input type="checkbox"/> Bid/Quotation <input type="checkbox"/> Emergency <input type="checkbox"/> Negotiated <input checked="" type="checkbox"/> RFP# <u>12-50</u> <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): 42 U.S.C. 1796	
37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.) The vendor administers the Women, Infants, and Children's (WIC) program in Jay, Wells, Huntington, Adams, blackford, and Randolph Counties. The Indiana Supplemental Food Program for Women, Infants and Children provides nutritious supplemental foods, nutrition education, breastfeeding support, 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: 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>[Signature]</i>	
41. Date Approved 7/30/14	
42. Budget agency approval <i>[Signature]</i>	
43. Date Approved 8/1/14	
44. Attorney General/ Office approval DH	
45. Date Approved 8.11.14	
46. Agency representative receiving from AG <i>[Signature]</i>	
47. Date Approved	

AGENCY INFORMATION	
14. Name of agency: Department of Health	15. Requisition Number: 0000026146
16. Address: 2 N. Meridian Street Indianapolis, IN 46204	
AGENCY CONTACT INFORMATION	
17. Name: Steve 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 # 0000076854	
24. Name: COMMUNITY AND FAMILY SERVICES INC	25. Telephone #: (260) 726-9318
26. Address: COMMUNITY AND FAMILY SERVICES PO BOX 1087 PORTLAND, IN 47371	
27. E-mail address: aglntzter@comfam.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/IN-Veteran Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IN-Veteran: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30. Primary Vendor Percentages 100.0 %
31. Sub Vendor: M/WBE/IN-Veteran Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IN-Veteran: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32. If yes, list the %: Minority: _____ % Women: _____ % IN-Veteran: _____ %
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

RECEIVED

AUG 11 2014

OAG-ADVISORY

73952-001

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
0000026146	07/23/2014		1 of 1
Fund/Account:	61900 / 573100		
Dept Number:	195070		
Project Number:	40010557WICAD14		
Requisition Number:	0000026146		
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
This entity was awarded the contract through the State procurement bld 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.						
1-1		Amend #1 A70-4-070514, 10/1/13-9/30/14	1.0000	LO	30,480.0000	30,480.00

Vendor: 0000076854 COMMUNITY AND FAMILY SERVICES INC

<< PLEASE SEE ATTACHED CONTRACT
CONTRACT DATE 10/1/13-9/30/14
CONTRACT AMOUNT \$30,480.00

EXISTING PURCHASE ORDER # 14528018 >>

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

Requisition Total \$ 30,480.00

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

Amendment No. 1
EDS Number A70-4-070514 (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 **Community & Family Services Inc** (hereinafter referred to as the "Grantee") for the period from **October 1, 2013 through September 30, 2014**, in the amount of **\$555,810.97**.

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 **\$30,480** making the new total of the Grant Agreement **\$586,290.97**. 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:


G. ANDREW GLENTZER
EXECUTIVE DIRECTOR
COMMUNITY & FAMILY SERVICES INC


DATE: 7-25-14

Recommended and Approved By:

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

DATE: 7/30/14

Approved:

 (for)
JESSICA ROBERTSON, COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE: 8/6/14

Approved:

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

DATE: 8/6/14

Approved as to Form and Legality:

 (for)
GREGORY F. ZOELLER
ATTORNEY GENERAL OF INDIANA

DATE: 8.11.14

Attachment B1 - Budget Summary



Name of Organization:	Community & Family Services, Inc. Jay-Wells WIC Agency		
Employer ID Number (BIN)			
Breastfeeding Region	Delaware	Federal Fiscal Year	2014

Address:	521 South Wayne Street		
City:	Portland	State:	Indiana
		Zip:	47371-3187

Phone:	(260) 726-9318	Fax:	(260) 726-9174
Website:			

Name of Chief Executive:	G. Andrew Glentzer		
Title:	Executive Director	Phone:	
Email:	aglentzer@comfam.org		

Name of Program Contact:	Amanda Slentz		
Title:	WIC Coordinator	Phone:	
Email:			

Clinic Operation Caseload	3667	Breastfeeding Promotion Caseload	496
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WIC Nutrition Services & Admin (NSA) Total Costs:	\$	586,290.97
Breastfeeding Promotion Costs:	\$	19,307.54
Personnel - Salary:	\$	12,729.60
Personnel - Fringe:	\$	2,107.30
Travel:	\$	1,020.80
Supplies:	\$	350.00
Communication:	\$	165.00
Space Costs:	\$	2,934.84
Clinic Operations Costs:	\$	566,983.43
Personnel - Salary:	\$	390,501.18
Personnel - Fringe:	\$	100,694.91
Travel - Clinic Services:	\$	1,881.44
Travel - Nutrition Education:	\$	352.88
Supplies:	\$	10,780.98
Communication:	\$	12,149.64
Contract Services:	\$	17,670.00
Space Costs:	\$	32,952.40