

16200

JAN 06 2010



EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-06)

Received

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.

JAN 07 2011

IDOA Contracts

2/28

1. EDS Number: A70-0-106033	2. Date prepared: 12/17/2010
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# 1 <input type="checkbox"/> Renewal # <input type="checkbox"/> Other

FISCAL INFORMATION	
4. Account Number: 61910-04000.573100	5. Account Name: ISDH DHHS Fund
6. Total amount this action: \$25,300.00	7. New contract total: \$58,032.00
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year 2010	\$58,032.00
Year	\$
Year	\$
Year	\$

TIME PERIOD COVERED IN THIS EDS	
11. From (month, day, year): 1/1/2010	12. To (month, day, year): 12/31/2010
13. Method of source selection:	
<input type="checkbox"/> Bid/Quotation	<input checked="" type="checkbox"/> Negotiated
<input type="checkbox"/> RFP#	<input type="checkbox"/> Special Procurement
<input type="checkbox"/> Other (specify)	

AGENCY INFORMATION	
14. Name of agency: Department of Health	15. Requisition Number: 0000010884
16. Address: 2 N. Meridian Street Indianapolis, IN 46204	

AGENCY CONTACT INFORMATION	
17. Name: Sarah Burkholder	18. Telephone #: 317/233-7545
19. E-mail address: sburkholder@isdh.in.gov	

COURIER INFORMATION	
20. Name: Joseph Olivadoti	21. Telephone #: 317-233-7573
22. E-mail address: jolivadoti@isdh.in.gov	

VENDOR INFORMATION	
23. Vendor ID # 0000242368	
24. Name: AMERICAN LUNG ASSOCIATION OF	25. Telephone #: 217-787-6884
26. Address: 3000 KELLY LN SPRINGFIELD, IL 62711	

27. E-mail address: hstrimmer@lungum.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	30. If yes, list the %:
Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Minority: <input type="checkbox"/> %
Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Women: <input type="checkbox"/> %
31. Sub Vendor: M/WBE	32. If yes, list the %:
Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Minority: <input type="checkbox"/> %
Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Women: <input type="checkbox"/> %
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 contract36. Statutory Authority (Cite applicable Indiana or Federal Codes):
410 IAC 1-2.337. 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 add additional funding to CY 2010 in the amount of \$25,300.00, to provide a primary liaison between the ALA and the ISDH TB Control Division and support a variety of specific activities, to include distribution of incentives and enable 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

JAN 14 2011

OAG-ADVISORY

40. Agency fiscal officer or representative approval <i>me</i>	41. Date Approved 1-6-11	42. Budget agency approval <i>JB</i>	43. Date Approved 01/13/11
44. Attorney General's Office approval	45. Date Approved 1/18/11	46. Agency representative receiving from AG	47. Date Approved



44187-001

**Amendment No. 1
EDS Number A70-0-106033**

This is an Amendment to the existing Tuberculosis Cooperative 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, 2010 through December 31, 2010, in the amount of \$32,732.

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 \$25,300 making the new total of the Grant Agreement \$58,032. The additional funds will be used to provide a primary liaison between the American Lung Association (ALA) and the ISDH TB Control Division and support a variety of specific activities. Also, provide distribution to incentives and enablers reimbursement for TB patients, and provide distribution for rural area reimbursement for directly observed therapy. See Attachment A-1, attached hereto, which replaces Attachment A, and 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:


HARGIS WIMMER
CEO
AMERICAN LUNG ASSOCIATION OF THE UPPER
MIDWEST


DATE: 12/30/10

Accepted By:


~~BOOKER STABOOTHY~~ Laura Scott, CFO
AMERICAN LUNG ASSOCIATION, INDIANAPOLIS


DATE: 12/30/10

Certification of Funds:


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

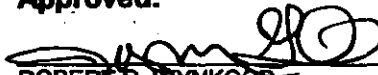
DATE: 1-6-11

Recommended and Approved By:


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

DATE: 1-6-11

Approved:

 *for*
ROBERT D. WYNKOOP
COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

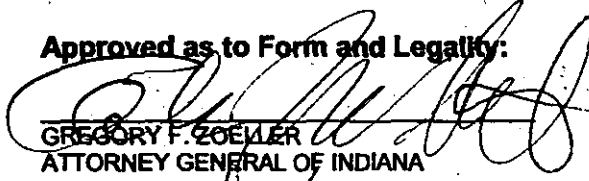
DATE: 1-10-11

Approved:

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

DATE: 01/13/2011

Approved as to Form and Legality:


GREGORY F. ZOELLER
ATTORNEY GENERAL OF INDIANA

DATE: 1/18/11

Attachment A-1
A70-0-106033
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. The American Lung Association Upper Midwest (ALA) will designate a primary liaison between the American Lung Association Upper Midwest and ISDH TB Control Program.
- B. Provide oversight to incentives & enablers reimbursement for TB patients.
- C. Provide oversight for rural area reimbursement for DOT.
- D. Provide assistance with special needs and projects

SERVICE RECIPIENTS: Residents of the State of Indiana.

GRANT ACTIVITIES:

REQUIRED ACTIVITIES	MEASURABLE CRITERIA	TOTAL
SALARY		
The ALA will oversee and guide statewide TB education programs that pertain to core activities such as TST training, and regional meetings for local health department nurses, and TB outreach workers. Also supervision of the TB Health Educator.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols.	\$8,000
SPECIAL PROJECTS		
The ALA will also oversee rural area reimbursement for directly observed therapy and contact investigations for local health departments unable to provide these services due to restricted funding.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols	\$9,680
The ALA is also requested to use "Special Project" funds for 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 and assistance with special needs within the program.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols.	\$30,000
The ALA will use the funds for travel assistance when requested to cover expenses for TB functions such as the National TB Controllers meetings. Funding is included to cover travel, per diem, and lodging.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols.	\$5,076
The ALA's performance will be measured by the evaluations used by the TB Education Program, which include effectiveness of the special projects, which will be measured by timeliness of the response in delivering the needed service to the county.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols.	
The ALA's time spent on TB is to be coded on the American Lung Association timesheets.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols.	
The ALA will provide a quarterly report summarizing activities of the quarter.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols	

BUDGET SUMMARY		
TB Education Activities		\$8,000
Special Projects Costs/Rural DOT/Travel		\$44,756
Applicable Administrative Cost up to maximum of 10%		\$5,276
Total Grant Costs		\$58,032

ASSOCIATED DELIVERABLES

- **Rural Area DOT Reimbursement: \$9,680**
- **Incentives and Enablers, housing, etc. : \$30,000**
- **Travel @ \$0.40/mile. Travel Assistance: \$5,076**

B. In-State:

Travel expenditures 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.

C. Out-of-State:

Travel reimbursement for out-of-state travel, registration fees, air travel, ground transportation, and hotel will follow State travel regulations. All out-of-state travel using grant funds must have prior written authorization from the State. Authorization for out-of-state travel must be requested in writing at least eight weeks prior to expected travel date.

- **Invoices:**

All invoices must be accompanied by written documentation of actual expenditures for all claimed items. The Grantee will be paid monthly for hours worked and the deliverables defined and referenced above. Such payment shall be made in arrears upon receipt and approval of invoice.