

20485  
AUG 27 2014

## 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 27 ENT'D  
DOA Contracts

1. EDS Number: A70-4-070565		2. Date prepared: 7/1/2014	
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# 1 <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: \$12,841.68		7. New contract total: 245,835.33	
8. Revenue generated this action: \$0.00		9. Revenue generated total contract: \$0.00	
10. New total amount for each fiscal year:			
Year 2014 \$232,993.65			
Year 2015 \$12,841.68			
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# 12-50 <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. 1786			
37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.) Contract is being amended to provide personnel, fringe, nutrition education activities, outreach activities, travel and other miscellaneous needs for the agency.			
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 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 Joseph Sestonick			
41. Date Approved 8/26/14			
42. Budget agency approval [Signature]			
43. Date Approved 9/5/14			
44. Attorney General's Office approval MM			
45. Date Approved 9/12/2014			
46. Agency representative receiving from AG [Signature]			
47. Date Approved			

## AGENCY INFORMATION

14. Name of agency:  
Department of Health

15. Requisition Number:  
0000028314

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

## AGENCY CONTACT INFORMATION

17. Name:  
Alex Tulkop

18. Telephone #:  
317/233-7458

19. E-mail address:  
atulkop1@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 #  
0000071262

24. Name:  
JOHNSON NICHOLS HEALTH CLINIC, INC

25. Telephone #:  
765-653-6171

26. Address:  
JOHNSON NICHOLS HEALTH CLINIC  
141 MARTINSVILLE RD.  
PO BOX 393  
GREENCASTLE, IN 46135

27. E-mail address:  
Stephanie.lafontaine@centerstone.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/IN-Veteran  
Minority: ☐ Yes ☒ No  
Women: ☐ Yes ☒ No  
IN-Veteran: ☐ Yes ☒ No

30. Primary Vendor Percentages  
100.0 %

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

32. If yes, list the %:  
Minority: \_\_\_\_\_ %  
Women: \_\_\_\_\_ %  
IN-Veteran: \_\_\_\_\_ %

33. Is there Renewal Language in the document? ☒ Yes ☐ No

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

RECEIVED

SEP 08 2014

OAG-ADVISORY

Mc

# 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

<b>Requisition No.</b> 0000026314	<b>Date</b> 08/07/2014	<b>Required Date</b>	<b>Page</b> 1 of 1
<b>Fund/Account:</b> 61900 / 573100			
<b>Dept Number:</b> 195070			
<b>Project Number:</b> 40010557WICAD14			
<b>Requisition Number:</b> 0000026314			
<b>Requestor:</b> GALLEN Allen, Gary-400			
<b>Agency Number:</b> 00400 Department of Health			
<b>Facility:</b>			

## MUST COMPLETE FOR ICPR

☐ Print REQ  
☐ Streamline Eligible

Line	Item	Description	Quantity	UOM	Unit Price	Ext Amt
1-1		Contract is being amended to provide personnel, fringe, nutrition education activities, outreach activities, travel and other miscellaneous needs for the agency. Amend # 1 A70-4-070565, 10/1/13-9/30/14	1.0000	LO	12,841.6800	12,841.68

Vendor: 0000071262 JOHNSON NICHOLS HEALTH CLINIC, INC

<< PLEASE SEE ATTACHED CONTRACT  
CONTRACT DATE 10/1/13-9/30/14  
CONTRACT AMOUNT \$12,841.68

EXISTING PURCHASE ORDER # 14528423 >>

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

**Requisition Total \$ 12,841.68**

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 A70-4-070565 (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 Johnson Nichols Health Clinic, Inc. (hereinafter referred to as the "Grantee") for the period from **October 1, 2013 through September 30, 2014**, in the amount of **\$232,993.65**.

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 **\$12,841.68** making the new total of the Grant Agreement **\$245,835.33**. 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.**

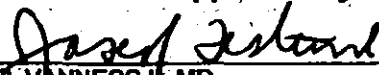
In Witness Whereof, the Grantee and the State of Indiana have, through duly authorized representatives, entered into this Grant Agreement Amendment. The parties having read and understanding the foregoing terms of the Grant Agreement Amendment do by their respective signatures dated below agree to the terms thereof.

Accepted By:

  
STEPHANIE LAFONTAINE  
EXECUTIVE DIRECTOR  
JOHNSON NICHOLS HEALTH CLINIC, INC.


DATE: 8/6/2014

Recommended and Approved By:

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


DATE: 8/26/14

Approved:

  
JESSICA ROBERTSON, COMMISSIONER  
DEPARTMENT OF ADMINISTRATION  
STATE OF INDIANA

DATE: 8/28/14

Approved:

  
BRIAN E. BAILEY, DIRECTOR  
STATE BUDGET AGENCY  
STATE OF INDIANA

DATE: 9/5/14

Approved as to Form and Legality:

  
GREGORY P. ZOELLER  
ATTORNEY GENERAL OF INDIANA

DATE: 9/20/2014

**Attachment B1 - Budget Summary**



**Indiana State  
Department of Health**



**Local Agency Budget**

<b>Name of Organization:</b>	Johnson Nichols Health Clinic		
<b>Employer ID Number (EIN)</b>			
<b>Breastfeeding Region</b>	Tippecanoe	<b>Federal Fiscal Year</b>	2014

<b>Address:</b>	141 Martinsville Street		
<b>City:</b>	Greencastle	<b>State:</b>	Indiana
		<b>Zip:</b>	46135

<b>Phone:</b>	765-653-6171	<b>Fax:</b>	765-653-6171
<b>Website:</b>			

<b>Name of Chief Executive:</b>	Stephanie LaFontaine		
<b>Title:</b>	Executive Director	<b>Phone:</b>	765-653-6171
<b>Email:</b>	Stephanie.lafontaine@centerstone.org		

<b>Name of Program Contact:</b>	Vinny Price		
<b>Title:</b>	WIC Coordinator	<b>Phone:</b>	
<b>Email:</b>	vinny.price@centerstone.org		

<b>Clinic Operation Caseload</b>	1211	<b>Breastfeeding Promotion Caseload</b>	188
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<b>WIC Nutrition Services &amp; Admin (NSA) Total Costs:</b>	<b>\$</b>	<b>245,835.33</b>
<b>Breastfeeding Promotion Costs:</b>	<b>\$</b>	<b>5,116.79</b>
Personnel - Salary:	\$	3,712.80
Personnel - Fringe:	\$	1,194.55
Travel:	\$	209.44
<b>Clinic Operations Costs:</b>	<b>\$</b>	<b>240,718.54</b>
Personnel - Salary:	\$	162,622.88
Personnel - Fringe:	\$	32,768.66
Travel - Clinic Services:	\$	11,722.00
Travel - Nutrition Education:	\$	-
Supplies:	\$	3,560.00
Communication:	\$	4,070.00
Contract Services:	\$	9,795.00
Space Costs:	\$	16,180.00