

AUG 11 2014

20408mc



## 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 12 ENT'D  
 IDOA Contracts

1. EDS Number: A70-4-070530	2. Date prepared: 7/9/2014
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
4. FISCAL INFORMATION	
4. Account Number: 61900-30700.571100	5. Account Name: ISDH DOAg Fund
6. Total amount this action: \$6,885.00	7. New contract total: 171,285.23
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year 2014	\$184,400.23
Year 2015	\$6,885.00
Year	\$
Year	\$
11. 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 checked="" type="checkbox"/> RFP# 12-50 <input type="checkbox"/> Other (specify)	
14. Justification of vendor selection and determination of price reasonableness: The Women, Infants, and Children's (WIC) program was bid out on RFP #12-50. The Breastfeeding Peer Counseling program is tangential to the WIC program so the vendors selected to administer the WIC program were selected to administer this related program. Budgets were negotiated by ISDH and the vendor in order to implement cost containment measures. Funding for staffing is allocated based on participant caseload.	
39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)	

14. Name of agency: Department of Health		15. Requisition Number: 0000026208	
16. Address: 2 N. Meridian Street Indianapolis, IN 46204			
17. Name: Steven A. Gale			
18. Telephone #: 317/233-9243			
19. E-mail address: sgale1@isdh.in.gov			
20. Name: Michael P. Mendyk			
21. Telephone #: 317-233-7853			
22. E-mail address: mmendyk@isdh.in.gov			
23. Vendor ID # 0000084528			
24. Name: MARSHALL COUNTY			
25. Telephone #: (574) 935-8565			
26. Address: MARSHALL COUNTY SHERIFF 1400 PIONEER DR PLYMOUTH, IN 46563			
27. E-mail address: Wesleyb@co.marshall.in.us			
28. Is the vendor registered with the Secretary of State? (Out of State Corporations, must be registered) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
29. Primary Vendor: M/WBE/IN-Veteran Minority: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Women: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> IN-Veteran: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		30. Primary Vendor Percentages 100.0 %	
31. Sub Vendor: M/WBE/IN-Veteran Minority: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Women: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> IN-Veteran: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		32. If yes, list the %: Minority: % Women: % IN-Veteran: %	
33. Is there Renewal Language in the document? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		34. Is there a "Termination for Convenience" clause in the document? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
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: The Women, Infants, and Children's (WIC) program was bid out on RFP #12-50. The Breastfeeding Peer Counseling program is tangential to the WIC program so the vendors selected to administer the WIC program were selected to administer this related program. Budgets were negotiated by ISDH and the vendor in order to implement cost containment measures. Funding for staffing is allocated based on participant caseload.			
39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)			
40. Agency fiscal officer or representative approval [Signature]			
41. Date Approved 8/11/14			
42. Budget agency approval [Signature]			
43. Date Approved 8/15/14			
44. Attorney General's Office approval [Signature]			
45. Date Approved 8/26/14			
46. Agency representative receiving from AG [Signature]			
47. Date Approved			

RECEIVED

AUG 16 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

Requisition No.	Date	Required Date	Page
0000026208	07/29/2014		1 of 1
<b>Fund/Account:</b> 61900 / 571100			
<b>Dept Number:</b> 195070			
<b>Project Number:</b> 40010557WICAD14			
<b>Requisition Number:</b> 0000026208			
<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
Contract is being amended to provide personnel, fringe, nutrition education activities, outreach activities, travel and other miscellaneous needs for the agency. The Women, Infants, and Children's (WIC) program was bid out on RFP #12-50. The Breastfeeding Peer Counseling program is tangential to the WIC program so the vendors selected to administer the WIC program were selected to administer this related program. Budgets were negotiated by ISDH and the vendor in order to implement cost containment measures. Funding for staffing is allocated based on participant caseload.						
1-1		Amend # 1 A70-4-070530, 10/1/13-9/30/14	1.0000	LO	6,885.0000	6,885.00

Vendor: 0000064528 MARSHALL COUNTY

<< PLEASE SEE ATTACHED CONTRACT  
CONTRACT DATE 10/1/13-9/30/14  
CONTRACT AMOUNT \$6,885.00

EXISTING PURCHASE ORDER #14534414 >>

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

**Requisition Total \$ 6,885.00**

I certify that the item[s] requested is [are] necessary for the operation of this State Agency.		
Requestor Signature	Printed Name of Agency Head or Authorized Employee	Authorized Signature

**Amendment No. 1**  
**EDS Number A70-4-070530 (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 Marshall County Health Department (hereinafter referred to as the "Grantee") for the period from October 1, 2013 through September 30, 2014, in the amount of \$164,400.

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 \$6,885 making the new total of the Grant Agreement \$171,285. 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.

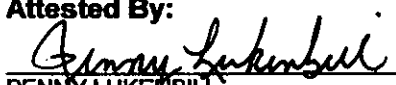
Accepted By:

  
BYRON M. HOLM, M.D.  
HEALTH OFFICER  
MARSHALL COUNTY HEALTH DEPARTMENT

DATE:

7/31/14

Attested By:

  
PENNY LUKENS  
AUDITOR  
MARSHALL COUNTY

DATE:

7-30-14

Recommended and Approved By:

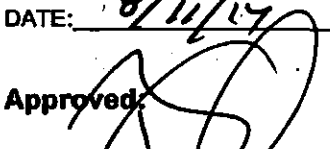
  
WILLIAM C. VANNES II, MD  
STATE HEALTH COMMISSIONER  
INDIANA STATE DEPARTMENT OF HEALTH

(for)

DATE:

8/11/14

Approved:

  
JESSICA ROBERTSON, COMMISSIONER  
DEPARTMENT OF ADMINISTRATION  
STATE OF INDIANA

(for)

DATE:

8/15/14

Approved:

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

(for)

DATE:

8/15/14

Approved as to Form and Legality:

  
GREGORY F. ZOELLER  
ATTORNEY GENERAL OF INDIANA

(for)

DATE:

8-26-14

**Attachment B1 - Budget Summary**



**Indiana State  
Department of Health**



**Local Agency Budget**

Name of Organization:	Marshall County Health Department		
Employer ID Number (EIN)			
Breastfeeding Region	White	Federal Fiscal Year	2014

Address:	112 West Jefferson Street		
City:	Plymouth	State:	Indiana
Zip:	46563-1798		

Phone:	(574) 935-8565	Fax:	(574) 936-9247
Website:			

Name of Chief Executive:	Byron M. Holm, M.D.		
Title:	Health Officer	Phone:	
Email:	Wesleyb@co.marshall.in.us		

Name of Program Contact:	Annette Osborn		
Title:	WIC Coordinator	Phone:	936-8808
Email:	INWICHT02@GMAIL.COM		

Clinic Operation Caseload	1251	Breastfeeding Promotion Caseload	174
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<b>WIC Nutrition Services &amp; Admin (NSA) Total Costs:</b>		<b>\$</b>	<b>171,285.23</b>
<b>Breastfeeding Promotion Costs:</b>	<b>\$</b>	<b>4,831.92</b>	
Personnel - Salary:	\$	3,402.92	
Personnel - Fringe:	\$	260.00	
Travel:	\$	318.00	
Supplies:	\$	851.00	
<b>Clinic Operations Costs:</b>	<b>\$</b>	<b>166,453.31</b>	
Personnel - Salary:	\$	106,109.91	
Personnel - Fringe:	\$	20,950.00	
Travel - Clinic Services:	\$	341.20	
Travel - Nutrition Education:	\$	253.20	
Supplies:	\$	4,842.00	
Communication:	\$	3,300.00	
Contract Services:	\$	673.00	
Space Costs:	\$	29,984.00	