



EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-06)

Received APR 18 2013

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.

DOA Contracts

1. EDS Number: A93-2-12-CBP00091
2. Date prepared: 4/11/2013

3. CONTRACTS & LEASES

X Professional/Personal Services
Grant
Lease
Attorney
MOU
QPA
Contract for procured Services
Maintenance
License Agreement
Amendment#
Renewal # 1
Other

FISCAL INFORMATION

4. Account Number: 17022-74304.580146
5. Account Name: FAMILY & CHILDREN FUND
6. Total amount this action: \$324,572.00
7. New contract total: 482,097.00
8. Revenue generated this action: \$0.00
9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:
Year 2012 \$78,762.50
Year 2013 \$78,762.50
Year 2014 \$158,328.00
Year 2015 \$168,244.00

TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year): 7/1/2011
12. To (month, day, year): 6/30/2015
13. Method of source selection: Bid/Quotation, Emergency, Negotiated, RFP#, Other (specify) X, RFF

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): NA

37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.)
The purpose of this agreement is to provide mandated direct Child Welfare Services to families in Indiana. The provider is responsible for providing services per the Child Welfare Services Plan submitted to and approved by the State and Local Office of the Department of Child Services.

38. Justification of vendor selection and determination of price reasonableness:
The Department of Child Services is responsible for ensuring that services are delivered to all families and children in need of child welfare services. This service money has been divided and distributed to the 18 regions based on county populations of children under 18 years of age. There has been a regional RFP process and the DCS Regional Councils have approved each provider.

39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)

40. Agency fiscal officer or representative approval
41. Date Approved: 4/12/13
42. Budget/agency approval
43. Date Approved: 4/19/13
44. Attorney General's Office approval
45. Date Approved
46. Agency representative receiving from AG
47. Date Approved

AGENCY INFORMATION
14. Name of agency: Department of Child Services
15. Requisition Number: 0000023926
16. Address: DCS Financial Services, 402 W WASHINGTON ST RM W392, INDIANAPOLIS, IN 46204
AGENCY CONTACT INFORMATION
17. Name: Cathy Blankenbaker
18. Telephone #: 317/234-6892
19. E-mail address: Cathy.Blankenbaker@dcs.in.gov
COURIER INFORMATION
20. Name: Cathy Blankenbaker
21. Telephone #: 317-234-6892
22. E-mail address: Cathy.Blankenbaker@dcs.in.gov
VENDOR INFORMATION
23 Vendor ID #: 000000293
24. Name: MADISON COUNTY
25. Telephone #: 765-641-9474
26. Address: MADISON COUNTY TREASURER, 18 E 9TH STREET, ANDERSON, IN 46016
27. E-mail address: gwilliams@madisoncounty.in.gov
28. Is the vendor registered with the Secretary of State? (Out of State Corporations, must be registered) Yes X No
29. Primary Vendor: M/WBE
Minority: Yes X No
Women: Yes X No
30. If yes, list the %:
Minority: %
Women: %
31 Sub Vendor: M/WBE
Minority: Yes X No
Women: Yes X No
32. If yes, list the %:
Minority: %
Women: %
33. Is there Renewal Language in the document? X Yes No
34. Is there a "Termination for Convenience" clause in the document? X Yes No



# REQUISITION

**Ship To:** DCS Financial Services  
402 W WASHINGTON ST RM W392  
INDIANAPOLIS IN 46204

**Bill to:** DCS Financial Services  
402 W WASHINGTON ST RM W392  
INDIANAPOLIS IN 46204

<b>Requisition No.</b> 0000023926	<b>Date</b> 04/11/2013	<b>Required Date</b> 	<b>Page</b> 1 of 1
<b>Fund/Account:</b> 17022 / 580146		<b>Dept Number:</b> 497050	
<b>Project Number:</b> 502KIDTRAKS_SYS		<b>Requisition Number:</b> 0000023926	
<b>Requestor:</b> C258980 Cathy Maxine Blanket		<b>Agency Number:</b> 00502 Department of Child Servi	
<b>Facility:</b>			

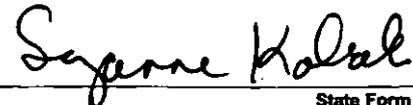
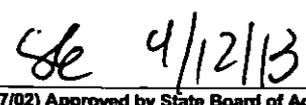
**MUST COMPLETE FOR ICPR**

Print REQ  
 Streamline Eligible

Line	Item	Description	Quantity	UOM	Unit Price	Ext Amt
Amendment 1/Renewal 1 for contract A93-2-12-CBP00091 with Madison County Board of Commissioners. Period for this line is 7/1/2013 through 6/30/2015. Funds will be added to existing PO#00125072397.						
1-1		Preservation Services SFY2014	1.0000	EA	158,328.0000	158,328.00
<< Amendment 1/Renewal 1 for contract A93-2-12-CBP00091 with Madison County Board of Commissioners. Period for this line is 7/1/2013 through 6/30/2014. Funds will be added to existing PO#00125072397. >>						
2-1		Preservation Services SFY 2015	1.0000	EA	166,244.0000	166,244.00
<< Amendment 1/Renewal 1 for contract A93-2-12-CBP00091 with Madison County Board of Commissioners. Period for this line is 7/1/2014 through 6/30/2015. Funds will be added to existing PO#00125072397. >>						

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

**Requisition Total \$      324,572.00**

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
		

**RENEWAL#1/AMENDMENT # 1**  
**EDS # A93-2-12-CB-P0-0091**

This is an Amendment to the Contract (the "Contract") entered into by and between the **Indiana Department of Child Services** (the "State" or "DCS") and **Madison County Board of Commissioners** (the "Contractor") approved by the last State signatory on July 5, 2011.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

1. Pursuant to Section 36, the Contract is hereby renewed for an additional period of two (2) years. It shall terminate on June 30, 2015.

2. The consideration remains zero-based.

3. The Contract is amended by adding the following:

**A. No investment in Iran.** As required by IC §5-22-16.5, the Contractor certifies that the Contractor is not engaged in investment activities in Iran. Providing false certification may result in the consequences listed in IC §5-22-16.5-14, including termination of this Contract and denial of future state contracts, as well as an imposition of a civil penalty.

**B. Employment Eligibility Verification.** As required by IC §22-5-1.7, the Contractor swears or affirms under the penalties of perjury that:

1. The Contractor does not knowingly employ an unauthorized alien.

2. The Contractor shall enroll in and verify the work eligibility status of all his/her/its newly hired employees through the E-Verify program as defined in IC §22-5-1.7-3. The Contractor is not required to participate should the E-Verify program cease to exist. Additionally, the Contractor is not required to participate if the Contractor is self-employed and does not employ any employees.

3. The Contractor shall not knowingly employ or contract with an unauthorized alien. The Contractor shall not retain an employee or contract with a person that the Contractor subsequently learns is an unauthorized alien.

4. The Contractor shall require his/her/its subcontractors who perform work under this Contract to certify to the Contractor that the subcontractor does not knowingly employ or contract with an unauthorized alien and that the subcontractor has enrolled and is participating in the E-Verify program. The Contractor agrees to maintain this certification throughout the duration of the term of a contract with a subcontractor.

The State may terminate for default if the Contractor fails to cure a breach of this provision no later than thirty (30) days after being notified by the State.

**C. Assignment of Antitrust Claims.** The Contractor assigns to the State all right, title and interest in and to any claims the Contractor now has, or may acquire, under state or federal antitrust laws relating to the products or services which are the subject of this Contract.

**D. Public Record.** The Contractor acknowledges that the State will not treat this Contract as containing confidential information, and will post this Contract on its website as required by Executive

Order 05-07. Use by the public of the information contained in this Contract shall not be considered an act of the State.

As of the effective date of this **Amendment #1/ RENEWAL #1**, **Attachment A** will be superseded and replaced in its entirety with **Attachment AM1/R1**, which is attached hereto incorporated herein by reference.

**All matters set forth in the original Contract and not affected by this Amendment shall remain in full force and effect.**

**THE REMAINDER OF THIS PAGE HAS BEEN INTENTIONALLY LEFT BLANK.**

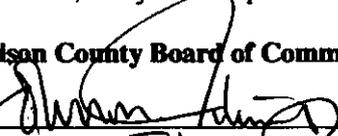
**SIGNATURE PAGE**  
**EDS# A93-2-12-CB-P0-0091**

**Non-Collusion and Acceptance**

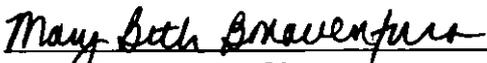
The undersigned attests, subject to the penalties for perjury, that the undersigned is the Contractor, or that the undersigned is the properly authorized representative, agent, member or officer of the Contractor. Further, to the undersigned's knowledge, neither the undersigned nor any other member, employee, representative, agent or officer of the Contractor, directly or indirectly, has entered into or been offered any sum of money or other consideration for the execution of this Amendment other than that which appears upon the face hereof.

**In Witness Whereof**, Contractor and the State have, through their duly authorized representatives, entered into this Amendment. The parties, having read and understood the foregoing terms of this amendment, do by their respective signatures dated below agree to the terms thereof.

**Madison County Board of Commissioners**

By:   
Printed Name: John M. Schumey  
Title: Pres. MLCBOC  
Date: 3-26-13

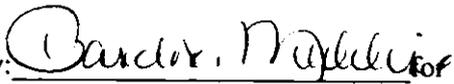
**Indiana Department of Child Services**

By:   
Mary Beth Bonaventura, Director  
Date: 4/9/13

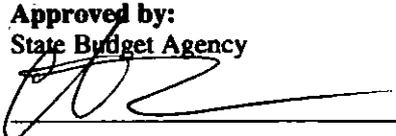
**Approved by:**  
Indiana Office of Technology

By: NOT APPLICABLE \_\_\_\_\_ (for)  
Paul Baltzell, Chief Information Officer  
Date: \_\_\_\_\_

**Approved by:**  
Department of Administration

By:  (for)  
Brian E. Renner, Acting Commissioner  
Date: 4.18.13

**Approved by:**  
State Budget Agency

 (for)  
Christopher D. Atkins, Director  
Date: 4/19/13

**APPROVED as to Form and Legality:**  
Office of the Attorney General

*Form approval for use with contracts under  
FA 11-09 has been granted by the  
Office of the Attorney General pursuant to  
IC 4-13-2-14.3(e) on February 5, 2013.  
FA 13-05*

This Amendment form was prepared by Sheila Elliott Kinney, DCS counsel, and completed on 2/1/13.  
This individual Amendment was reviewed and approved by agency legal counsel on 4/8/13.  
Initial KDG.



# ATTACHMENT SUMMARY

Attachment:1 AM1-R1  
 Agreement Term: 7/1/2011-6/30/2015  
 Agreement #: 12-CB-P0-0091

## Vendor Information

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**Legal Name:** MADISON COUNTY BOARD OF COMMISSIONERS **FID/SSN:** XX-XXX0171  
**Mailing Address:** 3420 MOUNDS RD **Change Number:** CH2  
 Anderson,IN-46017

**Vendor Contact:** Spegal, Cindy  
**Email ID:** cspegal@madisoncounty.in.gov  
**Telephone Number:** (765) 646-9267  
**Fax Number:**

**Director's Name:** Williams, N.Gary  
**Email ID:** gwilliams@madisoncounty.in.gov  
**Telephone Number:** (765) 646-9268  
**Fax Number:** (765) 646-9229

**DCS Contact:** Blankenbaker, Cathy  
**Email ID:** Cathy.Blankenbaker@dcs.IN.gov  
**Phone Number:** (317) 234-6892

**Disaster Contact:** Spegal,Cindy  
**Email ID:** cspegal@madisoncounty.in.gov  
**Phone Number:** (765) 646-9267

## Financial information:

Claim Prog ID	Service Code	Program	Effective Dates	Award Amount
1-SFY 2012	10549	DAY TREATMENT	7/1/2011-6/30/2012	ZERO BASED
2-SFY 2013	10549	DAY TREATMENT	7/1/2012-6/30/2013	ZERO BASED
12CBP0009101 02	10549	DAY TREATMENT	7/1/2013-6/30/2014	ZERO BASED
12CBP0009101 03	10549	DAY TREATMENT	7/1/2014-6/30/2015	ZERO BASED
<b>Total Amount:</b>				<b>ZERO BASED</b>



# ATTACHMENT SUMMARY

**Attachment:1** AM1-R1  
**Agreement Term:** 7/1/2011-6/30/2015  
**Agreement #:** 12-CB-P0-0091

**Claim Program ID:** 1-SFY 2012  
**Program Total:** ZERO BASED  
**Effective Dates:** 7/1/2011-6/30/2012  
**Service Contact:**  
**Email:**

**Phone:**  
**Fax:**

**Service Standard:** 10549-DAY TREATMENT  
**Funding Period:** 7/1/2011-6/30/2012

Code	Component Description	Component Date	Units	Rate	Amount
.1219	DAY REPORTING	7/1/2011-4/30/2012	DAY	81.00	ZERO BASED
.1219	DAY REPORTING	5/1/2012-6/30/2012	DAY	87.48	ZERO BASED
.1670	INTERPRETER SERVICES	7/1/2011-6/30/2012	ACTUAL COST	1.00	ZERO BASED
<b>Total:</b>					ZERO BASED

**Special Conditions:**



# ATTACHMENT SUMMARY

**Attachment:1** AM1-R1  
**Agreement Term:** 7/1/2011-6/30/2015  
**Agreement #:** 12-CB-PO-0091

**Claim Program ID:** 2-SFY 2013  
**Program Total:** ZERO BASED  
**Effective Dates:** 7/1/2012-6/30/2013  
**Service Contact:**  
**Email:**

**Phone:**  
**Fax:**

**Service Standard:** 10549-DAY TREATMENT  
**Funding Period:** 7/1/2012-6/30/2013

<b>Code</b>	<b>Component Description</b>	<b>Component Date</b>	<b>Units</b>	<b>Rate</b>	<b>Amount</b>
.1219	DAY REPORTING	7/1/2012-6/30/2013	DAY	87.48	ZERO BASED
.1670	INTERPRETER SERVICES	7/1/2012-6/30/2013	ACTUAL COST	1.00	ZERO BASED
<b>Total:</b>					<b>ZERO BASED</b>

**Special Conditions:**



# ATTACHMENT SUMMARY

**Attachment:1** AM1-R1  
**Agreement Term:** 7/1/2011-6/30/2015  
**Agreement #:** 12-CB-P0-0091

**Claim Program ID:** 12CBP0009101 02  
**Program Total:** ZERO BASED  
**Effective Dates:** 7/1/2013-6/30/2014  
**Service Contact:**  
**Email:**

**Phone:**  
**Fax:**

**Service Standard:** 10549-DAY TREATMENT  
**Funding Period:** 7/1/2013-6/30/2014

Code	Component Description	Component Date	Units	Rate	Amount
.1219	DAY REPORTING	7/1/2013-6/30/2014	DAY	87.48	ZERO BASED
.1670	INTERPRETER SERVICES	7/1/2013-6/30/2014	ACTUAL COST	1.00	ZERO BASED
<b>Total:</b>					ZERO BASED

**Special Conditions:**



# ATTACHMENT SUMMARY

**Attachment:1** AM1-R1  
**Agreement Term:** 7/1/2011-6/30/2015  
**Agreement #:** 12-CB-P0-0091

**Claim Program ID:** 12CBP0009101 03

**Program Total:** ZERO BASED

**Effective Dates:** 7/1/2014-6/30/2015

**Service Contact:**

**Email:**

**Phone:**

**Fax:**

**Service Standard:** 10549-DAY TREATMENT

**Funding Period:** 7/1/2014-6/30/2015

<b>Code</b>	<b>Component Description</b>	<b>Component Date</b>	<b>Units</b>	<b>Rate</b>	<b>Amount</b>
.1219	DAY REPORTING	7/1/2014-6/30/2015	DAY	87.48	ZERO BASED
.1670	INTERPRETER SERVICES	7/1/2014-6/30/2015	ACTUAL COST 1.00		ZERO BASED
<b>Total:</b>					<b>ZERO BASED</b>

**Special Conditions:**