



Eric Holcomb, Governor
State of Indiana

Indiana Family and Social Services Administration

FSSA POLICY

Blind Vending Operations Agencywide

EXECUTIVE POLICY #: 2023-01-FI

Effective Date: **FEBRUARY 1, 2024**

Revision History

Effective Date	Revision #	Revision Summary
February 1, 2024	2	Replaces Exhibit 1.A with Exhibit 1.B to include additional sites and update site information. No other changes.
November 1, 2023	1	Replaces Exhibit 1 with Exhibit 1.A to include additional sites and update site information. No other changes.
August 1, 2023	0	Original Policy Issuance

Purpose

Blind Vending for all FSSA locations and divisions under the Indiana Randolph-Sheppard Act, IC 12-12-5

This Policy Memorandum supersedes all previous and existing intra-agency agreements within FSSA for Blind Vending

Reference name: 497FSSA23BlindVending

Scope

Affected locations are attached and will be updated via updates to this Policy Memorandum.

Attachments:

- Exhibit 1.B: Facilities

Definitions

The following definitions apply to this Policy Memorandum:

- A. "Licensed Manager" means an individual who has been issued a license to operate vending facilities.
- B. Manager Trainee means an individual who has been accepted for training in the BEP but has not been issued a license to operate vending facilities.
- C. "Vending Facilities" means automatic vending machines and snack bars and the auxiliary equipment necessary for the sale of newspapers, periodicals, confections, tobacco products, foods, beverages, and other articles or services dispensed automatically or manually and prepared on or off the premises in accordance with all applicable health laws.
- D. "Vending Machines" means coin or currency operated machines capable of automatically dispensing an article or product.

References

The Indiana Randolph-Sheppard Act, IC 12-12-5-1

Policy Statement(s)

1. Purpose

The purpose of this Policy Memorandum is to set forth the responsibilities of FSSA offices (including but not limited to local offices and state hospitals) regarding vending facility operation.

2. Term

This Policy Memorandum becomes effective when signed and will remain effective until amended or cancelled.

3. Responsibilities of FSSA offices with respect to Blind Vending provided via DDRS

- A. FSSA offices shall provide the necessary trash receptacles at all vending facilities and off-site disposal for trash collected from those receptacles.
- B. FSSA offices shall notify DDRS at least twenty-four (24) hours prior to any minor repairs being done at any buildings owned, leased in whole, or operated by FSSA which temporarily may prevent DDRS or its licensed manager or manager trainees from providing vending services under this memorandum.

FSSA offices shall provide at least twenty-four (24) hour notice of any planned interruption of telephone, water and electrical services.

If an FSSA office plans to renovate or remodel the property identified on the exhibits which are attached hereto and incorporated herein, said FSSA office shall provide DDRS or its licensed manager or manager trainees with an alternative comparable location for vending machine placement, and shall be responsible for the cost of such relocation.

FSSA offices shall give DDRS written notice of any planned renovation or remodeling at least sixty (60) days before the beginning of renovation or remodeling. The written notice shall include an estimated total time period for renovation or remodeling. This provision shall not apply to emergency repairs or to damage or destruction of the premises.

- C. FSSA offices shall notify DDRS in writing within five (5) business days if problems or concerns arise regarding the performance of services under this memorandum by licensed manager or manager trainees. The notice shall include the following information: nature of

problem, date of occurrence, and description of efforts made to resolve the problems with DDRS or its licensed manager or manager trainees. Upon notice from an FSSA office, DDRS shall work with its licensed manager or manager trainees to ensure compliance with the terms and conditions of this Policy Memorandum including any applicable regulations under 460 IAC 2-4 et seq., and any amendments or replacements thereto. FSSA offices and DDRS shall work together in good faith to resolve any issue concerning the performance of DDRS licensed manager or manager trainees.

- D. DDRS is hereby granted the right to place the vending equipment at FSSA offices identified on the Exhibits attached hereto.
- E. FSSA offices shall assume the expenses for maintenance of utility services, including, but not limited to electricity and water.

4. Responsibilities of DDRS toward FSSA offices

- A. DDRS shall be responsible for the administration of vending services pursuant to the Randolph-Sheppard Act, IC 12-12-5-et seq.
- B. DDRS may designate a licensed manager or manager trainee to operate vending facilities at the locations identified on Exhibits 1 through 11. Any licensed manager or manager trainees selected by DDRS shall be required to comply with the terms and conditions set forth in this Policy Memorandum.
- C. DDRS or its licensed manager or manager trainees shall retain title to all vending machines and the contents of the vending machines.
- D. DDRS and its licensed manager or manager trainees shall be responsible for theft of and vandalism to the vending machines and their contents.
- E. DDRS shall ensure its licensed manager or manager trainees obtain general liability insurance in the amount of \$300,000.00 for personal injury and \$100,000.00 for property damage for acts or omissions of the subcontractor and their employees and agents in providing services pursuant to this memorandum.
- F. Upon request, DDRS shall advise FSSA offices of changes in prices of products sold at vending facilities. DDRS retains the option to adjust the prices and items as necessary to reflect the fluctuation in consumer preferences and wholesale prices.
- G. DDRS and its licensed manager or manager trainees agree to comply with all applicable federal, state, and local laws, ordinances and regulations; obtain all required permits; and pay all taxes applicable to the operation of a vending business in Indiana.
- H. DDRS and its licensed manager or manager trainees shall ensure that the products sold will be fresh and that such products will be restocked with such frequency as to ensure continuous product availability.
- I. DDRS and its licensed manager or manager trainees shall maintain all vending equipment in a clean and properly sanitized condition.
- J. DDRS or its licensed manager or manager trainees shall provide or arrange for repair services for all vending machines.
- K. DDRS shall ensure the vending facility is open to customers on the days and times specified on the Exhibits attached hereto.

- L. DDRS shall ensure its licensed manager or manager trainees post a simple and efficient refund policy and procedure whereby money lost in any vending machine will be refunded. The refund policy must be approved by the FSSA office.
- M. DDRS will post signs at each vending site identifying DDRS as the State Agency responsible for vending services at the site.

5. Commissions

In consideration of the close interagency partnership between state programs and with respect for the populations served by FSSA, DDRS, through its licensed manager or manager trainees, will pay no commission.

6. Modification

This Memorandum may be amended at any time by executive action of the FSSA. Amendments to this Memorandum to add or remove Exhibits will be processed by DDRS and provided to FSSA administration for executions.

7. Notice to Parties

FSSA office managers must send notices to:

Business Enterprise Program (BEP) Director
Division of Disability and Rehabilitative Services
402 West Washington Street, W-453
Indianapolis, IN 46204

Authorized by: DocuSigned by:
Kimberly Opsahl
200C609BFD482... Chief of Staff, FSSA 1/5/2024 | 13:21 EST
FSSA Secretary or Designee on: _____
Date

**EXHIBIT 1.A
FACILITIES**

1. FACILITY SUMMARY

301, DFR

a. Name of Manager

Joel Taulbee

b. Mailing Address

**1805 Flintlock Dr.
Jeffersonville, IN. 47130**

c. Phone Number

(760) 898-8650

d. Location

**DFR
197 Quartermaster Court
Jeffersonville, Indiana**

e. Business Enterprise Program (BEP) Site # 301

2. PERIOD OF OPERATION

8AM - 4PM (Except for State Holidays)

3. EQUIPMENT IN BEP FACILITY

Cold Drink Machine - 1

Snack Machine - 1

4. PRODUCTS SOLD

Candy, Cookies, Gum, Mints, Drinks

Pastries, Crackers, Nuts, Water

5. PAYMENT OF COMMISSIONS, UTILITY FEES, ETC.

Licensed manager or manager trainees shall follow all policies, rules, and regulations of the Building Authority.

State/BVIS must approve any additions to this exhibit in writing before placement at the vending facility.

**EXHIBIT 1.A
FACILITIES**

1. FACILITY SUMMARY

303-1: Vocational Rehabilitation Services

a. Name of Manager

Britney Montgomery

b. Mailing Address

**8503 Golden Rod Ct. #1A
Merrville, IN 46410**

c. Phone Number

317-840-7083

d. Location

**FSSA-VR
9801 Georgia Street
Merrville, IN 46307**

e. Business Enterprise Program (BEP) Site # 303-1

2. PERIOD OF OPERATION

Monday through Friday, 8:00am-4:00pm (except Holidays)

3. EQUIPMENT IN BEP FACILITY

Cold Drink Machines
Snack Machines

4. PRODUCTS SOLD

Candy, Pastries, Gum, Mints
Chips, Crackers, Soda Drinks
Cookies, Water, Nuts

5. PAYMENT OF COMMISSIONS, UTILITY FEES, ETC.

Licensed manager or manager trainees shall follow all policies, rules, and regulations of the Building Authority.

State/BVIS must approve any additions to this exhibit in writing before placement at the vending facility.

**EXHIBIT 1.A
FACILITIES**

1. FACILITY SUMMARY

309: Indiana (Vanderburgh Co.) DFR

a. Name of Manager

Tidjani Diallo

b. Mailing Address

**600 Reserve Blvd Apt 300
Evansville, IN 47715**

c. Phone Number

317-540-6617

d. Location

**Indiana (Vanderburgh Co.) DFR
711 John Street, Suite CO
Evansville, IN 47713**

e. Business Enterprise Program (BEP) Site # 309

2. PERIOD OF OPERATION

Monday through Friday, 7:00am-4:00pm

3. EQUIPMENT IN BEP FACILITY

Cold Drink Machines
Snack Machines

4. PRODUCTS SOLD

Candy, Pastries, Gum, Mints
Chips, Crackers, Soda, Drinks
Cookies, Nuts, Water

5. PAYMENT OF COMMISSIONS, UTILITY FEES, ETC.

Licensed manager or manager trainees shall follow all policies, rules, and regulations of the Building Authority.

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**EXHIBIT 1.A
FACILITIES**

1. FACILITY SUMMARY

312: FSSA/VR

a. Name of Manager

Martin Welsh

b. Mailing Address

**4402 Technology Dr.
South Bend, In 46628**

c. Phone Number

800-234-7650

d. Location

**FSSA/VR
401 E Colfax Ave.
South Bend, In 46617**

e. Business Enterprise Program (BEP) Site # 312

2. PERIOD OF OPERATION

Monday through Friday, 8:00am-4:30pm

3. EQUIPMENT IN BEP FACILITY

Cold Drink Machines
Snack Machines

4. PRODUCTS SOLD

Candy, Pastries, Gum, Mints
Chips, Crackers, Soda, Drinks
Cookies, Nuts, Water

5. PAYMENT OF COMMISSIONS, UTILITY FEES, ETC.

Licensed manager or manager trainees shall follow all policies, rules, and regulations of the Building Authority.

State/BVIS must approve any additions to this exhibit in writing before placement at the vending facility.

**EXHIBIT 1.A
FACILITIES**

1. FACILITY SUMMARY

314: Neuro Diagnostic Institute

a. Name of Manager

Joe Higdon

b. Mailing Address

**5432 Kidwell Ct
Indianapolis, In 46239**

c. Phone Number

317-512-5052

d. Location

**Neuro Diagnostic Institute
5435 E 16th Street
Indianapolis, In 46218**

e. Business Enterprise Program (BEP) Site # 314

2. PERIOD OF OPERATION

Monday - Friday, 8:00am-4:30pm

3. EQUIPMENT IN BEP FACILITY

Cold Drink Machines

Snack Machines

4. PRODUCTS SOLD

Candy, Pastries, Gum, Mints

Chips, Crackers, Soda, Drinks

Cookies, Nuts, Water

5. PAYMENT OF COMMISSIONS, UTILITY FEES, ETC.

Licensed manager or manager trainees shall follow all policies, rules, and regulations of the Building Authority.

State/BVIS must approve any additions to this exhibit in writing before placement at the vending facility.

**EXHIBIT 1.A
FACILITIES**

1. FACILITY SUMMARY

315: Disability Determination

a. Name of Manager

Dan Stofer

b. Mailing Address

**215 N. Munsie St.
Cumberland, IN. 46229**

c. Phone Number

317-908-5550

d. Location

**Disability Determination
2525 Shadeland Avenue
Indianapolis, IN 46219**

e. Business Enterprise Program (BEP) Site # 315

2. PERIOD OF OPERATION

Monday through Friday, 7:00am-4:00pm (except Holidays)

3. EQUIPMENT IN BEP FACILITY

Snack Bar, Counters
Refrigerators, Registers
Freezers, Racks

4. PRODUCTS SOLD

Candy, Pastries, Gum, Mints
Chips, Crackers, Soda, Drinks
Cookies, Nuts, Water, Hot Dogs

5. PAYMENT OF COMMISSIONS, UTILITY FEES, ETC.

Licensed manager or manager trainees shall follow all policies, rules, and regulations of the Building Authority.

State/BVIS must approve any additions to this exhibit in writing before placement at the vending facility.

**EXHIBIT 1.A
FACILITIES**

1. FACILITY SUMMARY

317: Evansville State Hospital

a. Name of Manager

Tidjani Diallo

b. Mailing Address

**600 Reserve Blvd Apt 300
Evansville, IN 47715**

c. Phone Number

317-540-6617

d. Location

**Evansville State Hospital
3400 Lincoln Ave.
Evansville, IN 47714**

e. Business Enterprise Program (BEP) Site # 317

2. PERIOD OF OPERATION

24 hours a day/7 days per week

3. EQUIPMENT IN BEP FACILITY

Cold Drink Machines
Snack Machines
Cold/Frozen Food

4. PRODUCTS SOLD

Candy, Pastries, Food
Chips, Crackers, Soda, Drinks
Cookies, Water

5. PAYMENT OF COMMISSIONS, UTILITY FEES, ETC.

Licensed manager or manager trainees shall follow all policies, rules, and regulations of the Building Authority.

State/BVIS must approve any additions to this exhibit in writing before placement at the vending facility.

**EXHIBIT 1.A
FACILITIES**

1. FACILITY SUMMARY

348: IDOA Surplus/Motorpool

a. Name of Manager

Carol Roe

b. Mailing Address

**1835 Sonesta Ln
Indianapolis, In 46217**

c. Phone Number

317-797-281

d. Location

**IDOA-Surplus/Motorpool
601 W. McCarty
Indianapolis, In 46225**

e. Business Enterprise Program (BEP) Site # 348

2. PERIOD OF OPERATION

Monday through Friday, 7:00am-5:00pm (except State holidays)

3. EQUIPMENT IN BEP FACILITY

Cold Drink Machines

Snack Machines

4. PRODUCTS SOLD

Candy, Pastries, Gum, Mints

Chips, Crackers, Soda, Drinks

Cookies, Nuts, Water

5. PAYMENT OF COMMISSIONS, UTILITY FEES, ETC.

Licensed manager or manager trainees shall follow all policies, rules, and regulations of the Building Authority.

State/BVIS must approve any additions to this exhibit in writing before placement at the vending facility.

**EXHIBIT 1.A
FACILITIES**

1. FACILITY SUMMARY

360: FSSA DFR/VR

a. Name of Manager

Britany Montgomery

b. Mailing Address

**8503 Golden Rod Ct. #1A
Merrillville, In. 46410**

c. Phone Number

317-840-7083

d. Location

**FSSA DFR/VR
110 W Ridge Rd
Gary, In 46409**

e. Business Enterprise Program (BEP) Site # 360

2. PERIOD OF OPERATION

Monday through Friday, 8:00am-4:30pm

3. EQUIPMENT IN BEP FACILITY

Cold Drink Machines
Snack Machines

4. PRODUCTS SOLD

Candy, Pastries, Gum, Mints
Chips, Crackers, Soda, Drinks
Cookies, Nuts, Water

5. PAYMENT OF COMMISSIONS, UTILITY FEES, ETC.

Licensed manager or manager trainees shall follow all policies, rules, and regulations of the Building Authority.

State/BVIS must approve any additions to this exhibit in writing before placement at the vending facility.

**EXHIBIT 1.A
FACILITIES**

1. FACILITY SUMMARY

361: Disability Determination

a. Name of Manager

Dan Stofer

b. Mailing Address

**215 N. Munsie St.
Cumberland, IN. 46229**

c. Phone Number

317-908-5550

d. Location

**Disability Determination
2525 Shadeland Avenue
Indianapolis, IN 46219**

e. Business Enterprise Program (BEP) Site # 361

2. PERIOD OF OPERATION

Monday through Friday, 7:00am-5:00pm (except Holiday's)

3. EQUIPMENT IN BEP FACILITY

Cold Drink Machines - 1

Snack Machines - 1

4. PRODUCTS SOLD

Candy, Pastries, Gum, Mints

Chips, Crackers, Soda, Drinks

Cookies, Nuts, Water

5. PAYMENT OF COMMISSIONS, UTILITY FEES, ETC.

Licensed manager or manager trainees shall follow all policies, rules, and regulations of the Building Authority.

State/BVIS must approve any additions to this exhibit in writing before placement at the vending facility.

**EXHIBIT 1.A
FACILITIES**

1. FACILITY SUMMARY

363: Madison State Hospital

a. Name of Manager

Joe Higdon

b. Mailing Address

**5432 Kidwell Ct
Indianapolis, In 46239**

c. Phone Number

317-512-5052

d. Location

**Madison State Hospital
711 Green Rd.
Madison, In 47250**

e. Business Enterprise Program (BEP) Site # 363

2. PERIOD OF OPERATION

24 hours a day/7 days per week

3. EQUIPMENT IN BEP FACILITY

Cold Drink Machines
Snack Machines

4. PRODUCTS SOLD

Candy, Pastries, Gum, Mints
Chips, Crackers, Soda, Drinks
Cookies, Nuts, Water

5. PAYMENT OF COMMISSIONS, UTILITY FEES, ETC.

Licensed manager or manager trainees shall follow all policies, rules, and regulations of the Building Authority.

State/BVIS must approve any additions to this exhibit in writing before placement at the vending facility.

**EXHIBIT 1.A
FACILITIES**

1. FACILITY SUMMARY

388: Hammond DFR

a. Name of Manager

Britney Montgomery

b. Mailing Address

**8503 Golden Rod Ct #1A
Merrillville, IN 46410**

c. Phone Number

317-840-7083

d. Location

**Hammond DFR
6225 Columbia Ave
Hammond IN. 46320**

e. Business Enterprise Program (BEP) Site # 388

2. PERIOD OF OPERATION

24 Hours a day/7 day a week

3. EQUIPMENT IN BEP FACILITY

Cold Drink Machines
Snack Machines
Coffee Machine

4. PRODUCTS SOLD

Candy, Pastries, Gum, Mints
Chips, Crackers, Soda, Drinks
Cookies, Nuts, Water, Coffee

5. PAYMENT OF COMMISSIONS, UTILITY FEES, ETC.

Licensed manager or manager trainees shall follow all policies, rules, and regulations of the Building Authority.

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**EXHIBIT 1.A
FACILITIES**

1. FACILITY SUMMARY

389: Logansport State Hospital

a. Name of Manager

Dennis Manning

b. Mailing Address

**2202 Pueblo Dr.
Lafayette, In 47901**

c. Phone Number

765-714-4002

d. Location

**Logansport State Hospital
1098 S State Road 25
Logansport, In 46947**

e. Business Enterprise Program (BEP) Site # 389

2. PERIOD OF OPERATION

24 Hours a day/7 day a week

3. EQUIPMENT IN BEP FACILITY

Cold Drink Machines
Snack Machines
Coffee Machine

4. PRODUCTS SOLD

Candy, Pastries, Gum, Mints
Chips, Crackers, Soda, Drinks
Cookies, Nuts, Water, Coffee

5. PAYMENT OF COMMISSIONS, UTILITY FEES, ETC.

Licensed manager or manager trainees shall follow all policies, rules, and regulations of the Building Authority.

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**EXHIBIT 1.A
FACILITIES**

1. FACILITY SUMMARY

396: Richmond State Hospital

a. Name of Manager

Larry Koop

b. Mailing Address

**328 SW 2nd Street
Richmond, In 47374**

c. Phone Number

765-250-6397

d. Location

**Richmond State Hospital
498 NW 18th Street
Richmond, In 47374**

e. Business Enterprise Program (BEP) Site # 396

2. PERIOD OF OPERATION

24 Hours a day/7 day a week

3. EQUIPMENT IN BEP FACILITY

Cold Drink Machines

Snack Machines

4. PRODUCTS SOLD

Candy, Pastries, Gum, Mints

Chips, Crackers, Soda, Drinks

Cookies, Nuts, Water

5. PAYMENT OF COMMISSIONS, UTILITY FEES, ETC.

Licensed manager or manager trainees shall follow all policies, rules, and regulations of the Building Authority.

State/BVIS must approve any additions to this exhibit in writing before placement at the vending facility.

**EXHIBIT 1.A
FACILITIES**

1. FACILITY SUMMARY

398: FSSA Vocational Rehabilitation Services

a. Name of Manager

Larry Koop

b. Mailing Address

**328 SW 2nd Street
Richmond, In 47374**

c. Phone Number

765-250-6397

d. Location

**FSSA Vocational Rehabilitation Services
52 S 2nd Street
Richmond, In 47374**

e. Business Enterprise Program (BEP) Site # 398

2. PERIOD OF OPERATION

Monday through Friday, 8:00am-4:30pm

3. EQUIPMENT IN BEP FACILITY

Cold Drink Machines
Snack Machines

4. PRODUCTS SOLD

Candy, Pastries, Gum, Mints
Chips, Crackers, Soda, Drinks
Cookies, Nuts, Water

5. PAYMENT OF COMMISSIONS, UTILITY FEES, ETC.

Licensed manager or manager trainees shall follow all policies, rules, and regulations of the Building Authority.

State/BVIS must approve any additions to this exhibit in writing before placement at the vending facility.