



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**PROGRAM SERVICES CONTRACT**

Exhibit A

This contract is entered into by and between the State of Missouri, Department of Health and Senior Services (Department/state agency) and the below named entity/individual (Contractor). The contract consists of the contract signature page, the scope of work; any attachments referenced and incorporated herein; the terms and conditions; and any written amendments made in accordance with the provisions contained herein. This contract expresses the complete agreement of the parties. By signing below, the Contractor and Department agree to all the terms and conditions set forth in this contract.

To the extent that this contract involves the use, in whole or in part, federal funds, the signature of the Contractor's authorized representative on the contract signature page indicates compliance with the Certifications contained in Attachment A which is attached hereto and is incorporated by reference as if fully set forth herein.

<b>Tracking #</b> 44045	<b>Contract Title:</b> HIV PREVENTION	
<b>Contract Start:</b> 1/1/2017	<b>Contract End:</b> 12/31/2018	<b>Questions/Please Contact:</b> PROCUREMENT UNIT @ (573)751-6471
<b>Contract #:</b> AOC17380094		<b>Amend #:</b> 02

**PLEASE VERIFY/COMPLETE - TYPE OR PRINT - SIGNATURE REQUIRED**

NAME OF ENTITY/INDIVIDUAL (Contractor)	
CITY OF COLUMBIA	
DOING BUSINESS AS (DBA) NAME	
MAILING ADDRESS	
1005 WEST WORLEY	P O BOX 6015
CITY, STATE, and ZIP CODE	
COLUMBIA	MO 65205-6015
REMIT TO (PAYMENT) ADDRESS (if different from above)	
CITY, STATE, and ZIP CODE	
CONTACT PERSON	EMAIL ADDRESS
PHONE NUMBER	FAX NUMBER
TAXPAYER ID NUMBER (TIN)	DUNS NUMBER
*****0810	071989024
CONTRACTOR'S AUTHORIZED SIGNATURE	DATE
PRINTED NAME	TITLE
DEPARTMENT OF HEALTH AND SENIOR SERVICES DIRECTOR OF DIVISION OF ADMINISTRATION OR DESIGNEE SIGNATURE	DATE

ATTEST:

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Sheela Amin, City Clerk

APPROVED AS TO FORM:

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Nancy Thompson, City Counselor

**AMENDMENT #02 TO CONTRACT AOC17380094**

**Contract Title:** HIV Prevention

**Contract Period:** January 1, 2018 through December 31, 2018

1. The Department of Health and Senior Services hereby decreases the above referenced contract by \$9,992, for the period of January 1, 2018 through December 31, 2018; therefore Section 1.1 is hereby deleted in its entirety and replaced with revised Section 1.1 as follows:
  - 1.1 The contract amount shall not exceed \$114,911 for the period of January 1, 2018 through December 31, 2018.
2. Delete Attachment M, Budget, in its entirety and replace with revised Attachment M, which is attached hereto and is incorporated by reference as if fully set forth herein.

All other terms, conditions and provisions of the above referenced contract shall remain the same and apply hereto.

## YOUR LETTERHEAD HERE

**HIV PREVENTION**

**INVOICE #:** HIVP \_\_\_\_\_

**BILL TO:** Missouri Department of Health and Senior Services  
 Bureau of HIV, STD, and Hepatitis  
 Attention: Joyce Hooker  
 930 Wildwood Dr., PO Box 570  
 Jefferson City, MO 65102-0570

**REMIT TO:** *Add your agency's name and address where the payment is to be sent*

**CONTRACT #:** \_\_\_\_\_ **FOR THE MONTH OF:** \_\_\_\_\_

	PERSONNEL /FRINGE	TRAVEL/ MEETINGS	SUBCONTRACTS (if applicable)	OPERATING EXPENSE	INDIRECT	TOTAL
<b>BUDGET</b>	\$64,026.00	\$5,350.00	\$0.00	\$37,024.00	\$8,511.00	\$114,911.00
<b>CURRENT MONTH EXPENDITURE</b>						
<b>TOTAL PREVIOUSLY INVOICED</b>						
<b>EXPENDITURES TO DATE</b>						
<b>REMAINING BALANCE</b>						

The attached report is a true and correct statement of expenditure under the above stated contract for the invoice period. Further, all expenditures claimed were made in accordance with the provisions set forth in the contract.

\_\_\_\_\_  
**FISCAL OFFICER'S SIGNATURE**



### CONTRACT FUNDING SOURCE(S)

The Contract Funding Source(s) is supplemental information the Department is required to provide the Contractor when issuing a contract or amendment that will be funded by federal sources. The document identifies the total amount of funding and the federal funding source(s) expected to be used over the life of this contract. For the specific amount for a contract period, refer to the contract and/or applicable amendments. If the funding information is not available at the time the contract is issued or the information below changes, the Contractor will be notified in writing by the Department. Please retain this information with your official contract files for future reference.

<b>Tracking #</b>	44045	<b>State:</b> 0%	\$0.00	<b>Federal:</b> 100%	\$239,814.00
<b>Contract Title:</b>	HIV PREVENTION				
<b>Contract Start:</b>	1/1/2017	<b>Contract End:</b>	12/31/2018	<b>Amend#:</b>	02
<b>Vendor Name:</b>	CITY OF COLUMBIA				
<b>Contract #:</b>	AOC17380094				

<b>CFDA:</b> 93.940	<b>Research and Development:</b>	N			
<b>CFDA Name:</b>	HIV PREVENTION ACTIVITIES_HEALTH DEPARTMENT BASED				
<b>Federal Agency:</b>	DEPARTMENT OF HEALTH AND HUMAN SERVICES / CENTERS FOR DISEASE CONTROL AND PREVENTION				
<b>Federal Award:</b>	6NU62PS003676-05				
<b>Federal Award Name:</b>	COMPREHENSIVE HIV PREVENTION PROJECT FOR HEALTH DEPTS				
<b>Federal Award Year:</b>	2017	<b>DHSS #:</b>	PS00367605XA	<b>Federal Obligation:</b>	\$124,903.00

<b>CFDA:</b> 93.940	<b>Research and Development:</b>	N			
<b>CFDA Name:</b>	HIV PREVENTION ACTIVITIES_HEALTH DEPARTMENT BASED				
<b>Federal Agency:</b>	DEPARTMENT OF HEALTH AND HUMAN SERVICES / CENTERS FOR DISEASE CONTROL AND PREVENTION				
<b>Federal Award:</b>	1NU62PS924577-01, 6NU62PS924577-01				
<b>Federal Award Name:</b>	INTEGRATED HIV SURVEILLANCE AND PREVENTION PROGRAMS FOR HEALTH DEPARTMENTS				
<b>Federal Award Year:</b>	2018	<b>DHSS #:</b>	PS924577-01A	<b>Federal Obligation:</b>	\$114,911.00

\* The Department will provide this information when it becomes available.

**Project Description:**

To provide comprehensive Human Immunodeficiency Virus (HIV) prevention services (which may also include sexually transmitted infections [STIs] and Viral Hepatitis [VH]).