



PROGRAM SERVICES CONTRACT

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.

Tracking # 41501	Contract Title: WIC LOCAL AGENCY NUTRITION SERVICES	
Contract Start: 10/1/2015	Contract End: 9/30/2016	Questions/Please Contact: PROCUREMENT UNIT @ (573)751-6471
Contract #: ERS04516095		Amend #: 02

PLEASE VERIFY/COMPLETE - TYPE OR PRINT - SIGNATURE REQUIRED

NAME OF ENTITY/INDIVIDUAL (Contractor) COLUMBIA/BOONE COUNTY HEALTH DEPARTMENT	
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) *****0810	DUNS NUMBER 071989024
CONTRACTOR'S AUTHORIZED SIGNATURE	DATE
PRINTED NAME	TITLE
DEPARTMENT OF HEALTH AND SENIOR SERVICES DIRECTOR OF DIVISION OF ADMINISTRATION OR DESIGNEE SIGNATURE	DATE

Amendment #02 To Contract #ERS04516095

CONTRACT TITLE: WIC Local Agency Nutrition Services

CONTRACT PERIOD: October 1, 2015 through September 30, 2016

The Department of Health and Senior Services hereby desires to amend the above-referenced contract.

1. Delete Section 1.3 in its entirety and replace with revised Section 1.3 as follows:
 - 1.3 Unless otherwise stated in this contract, the Contractor shall use the below information for any correspondence regarding this contract:

Program Name: Bureau of WIC and Nutrition Services
Address: 930 Wildwood Drive, Jefferson City, MO 65109
Phone: 573-751-6204
Email: WICOperations@health.mo.gov
2. Increase funding for User Acceptance Testing (UAT) Training (Special Funding 9).
3. Delete the Budget Page, Attachment C, in its entirety and replace with the revised Attachment C, which is attached hereto and incorporated by reference as if fully set forth herein.

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

Department of Health and Senior Services
Agency Nutrition Services

BUDGET PAGE

Columbia/Boone County Department of Public Health & Human Services

The contractor shall be reimbursed for each participant provided service at a rate of \$13.50 per participant served.

Contract Dollars

1. WIC Breastfeeding (Special Breastfeeding Funding 1, Attachment E)*	\$9,500.00
2. WIC Breastfeeding Peer Counselling (Special BFPC Funding 2, Attachment E)*	\$20,429.00
3. Breastfeeding Friendly Incentive (Special Breastfeeding Funding 3)*	\$18,000.00
4. Program for Dietetic Interns (Special Funding 4, Attachment F)*	\$0.00
5. Administrative Services (Special Funding 6)*	\$0.00
6. User Acceptance Testing (UAT) Training (Special Funding 9)	\$2,000.00

*only for approved LWP's



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.

Tracking #	41501	State: 0%	\$0.00	Federal: 100%	\$462,664.00
Contract Title:	WIC LOCAL AGENCY NUTRITION SERVICES				
Contract Start:	10/1/2015	Contract End:	9/30/2016	Amend#:	02
				Contract #:	ERS04516095
Vendor Name:	COLUMBIA/BOONE COUNTY HEALTH DEPARTMENT				

CFDA: 10.557	Research and Development:	N			
CFDA Name:	SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN				
Federal Agency:	DEPARTMENT OF AGRICULTURE / FOOD AND NUTRITION SERVICE				
Federal Award:	*				
Federal Award Name:	WOMEN INFANTS AND CHILDREN				
Federal Award Year:	2015	DHSS #:	16WICSPNDFWD	Federal Obligation:	\$2,000.00

CFDA: 10.557	Research and Development:	N			
CFDA Name:	SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN				
Federal Agency:	DEPARTMENT OF AGRICULTURE / FOOD AND NUTRITION SERVICE				
Federal Award:	3MO700804-2015				
Federal Award Name:	WIC BREASTFDNG PEER COUNS(O)				
Federal Award Year:	2015	DHSS #:	16BRSTFEDWIC	Federal Obligation:	\$20,429.00

CFDA: 10.557	Research and Development:	N			
CFDA Name:	SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN				
Federal Agency:	DEPARTMENT OF AGRICULTURE / FOOD AND NUTRITION SERVICE				
Federal Award:	3MO700704-2016				
Federal Award Name:	WOMEN INFANTS & CHILDREN				
Federal Award Year:	2016	DHSS #:	16WIC	Federal Obligation:	\$440,235.00

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

Project Description:

Contract agreements with Local Women, Infants, and Children (WIC) Providers in Missouri to provide WIC and Nutrition Services to participants.