

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 # | Contract Title: | | | | |
|------------------------|---|----------------------------------|--|--|--|
| 45116 | HEALTHY FAMILIES MISSOURI HOME VISITING | | | | |
| Contract Start: | Contract End: | Questions/Please Contact: | | | |
| 10/1/2017 | 9/30/2019 | PROCUREMENT UNIT @ (573)751-6471 | | | |
| Contract #: | | Amend #: | | | |
| AOC18380138 | | 01 | | | |

PLEASE VERIFY/COMPLETE - TYPE OR PRINT - SIGNATURE REQUIRED

| NAME OF ENTITY/INDIVIDUAL (Contractor) | | | | | | | |
|--|-------------|---------------|--|--|--|--|--|
| CITY OF COLUMBIA | | | | | | | |
| DOING BUSINESS AS (DBA) NAME | | | | | | | |
| | | | | | | | |
| MAILING ADDRESS | | - | | | | | |
| L EAST BROADWAY P O BOX 6015 | | | | | | | |
| CITY, STATE, and ZIP CODE | | | | | | | |
| COLUMBIA | МО | 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 | | DATE | | | | | |
| DIRECTOR OF DIVISION OF ADMINISTRATION OR DESIGNED | E SIGNATURE | | | | | | |
| | | | | | | | |

| Sheela Amir | i, City Clerk |
|-------------|---------------|
| APPROVED / | AS TO FORM: |

Amendment #001 to Contract AOC18380138

CONTRACT TITLE: Healthy Families Missouri Home Visiting

CONTRACT PERIOD: October 1, 2018 through September 30, 2019

The Department of Health and Senior Services hereby exercises its option to renew the above referenced contract for the period of October 1, 2018 through September 30, 2019.

In addition, the Department of Health and Senior Services hereby amends the following:

- 1. Delete Section 1.1 in its entirety and replace with revised Section 1.1 as follows:
 - 1.1 The contract amount shall not exceed \$88,707 for the period of October 1, 2018 to September 30, 2019.
- 2. Delete Attachment D in its entirety and replace with revised Attachment D, which is attached hereto and is 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.

Contract Title: Healthy Families Missouri Home Visiting (HFMoHV) City of Columbia

BUDGET

| Category | Expense | |
|---|-------------|--|
| PERSONNEL | \$67,765.39 | |
| FRINGE | \$20,241.61 | |
| HFA SERVICES REQUIRED TO INSURE MODEL FIDELITY/TRAINING FOR STAFF | \$700.00 | |
| TOTAL HFMoHV BUDGET | \$88,707.00 | |



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 # | 45116 | State: 0% | \$0.00 | Federal: 100% | \$176,714.00 |

Contract Title: HEALTHY FAMILIES MISSOURI HOME VISITING

Vendor Name: CITY OF COLUMBIA

CFDA: 93.994 Research and Development: N

CFDA Name: MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT TO THE STATES

Federal Agency: DEPARTMENT OF HEALTH AND HUMAN SERVICES / HEALTH RESOURCES AND SERVICES ADMINISTRATION

Federal Award: 1B04MC31498-01, 6B04MC31498-01

Federal Award Name: MATERNAL AND CHILD HEALTH SERVICES

Federal Award Year: 2018 DHSS #: 18MCH Federal Obligation: \$88,007.00

CFDA: N/A Research and Development: *

CFDA Name:

Federal Agency: *

Federal Award: *

Federal Award Name: *

Federal Award Year: * DHSS #: ZZZ-PENDING FOA Federal Obligation: \$88,707.00

Project Description:

This contract is to provide home visitation services for the Healthy Families America evidence-based model in Boone County. This contract will help to accomplish the following: reduce child maltreatment, increased utilization of prenatal care and decrease pre-term, low weight babies, improve parent-child interaction and school readiness, decrease dependency on welfare, increase immunization rates, and increase access to primary care medical services.

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Friday, June 08, 2018 MO 580-3018 (5-12) 9:19:38 AM

DH-72

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