

Introduced by \_\_\_\_\_

First Reading \_\_\_\_\_

Second Reading \_\_\_\_\_

Ordinance No. \_\_\_\_\_

Council Bill No. B 105-21

**AN ORDINANCE**

authorizing Amendment No. 1 to the program services contract with the Missouri Department of Health and Human Services for epidemiology and laboratory capacity (ELC) CARES funding for case investigation, contact tracing, coordination and reporting activities associated with COVID-19 testing; amending the FY 2021 Annual Budget by appropriating funds; and fixing the time when this ordinance shall become effective.

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF COLUMBIA, MISSOURI, AS FOLLOWS:

SECTION 1. The City Manager is hereby authorized to execute Amendment No. 1 to the program services contract with the Missouri Department of Health and Human Services for epidemiology and laboratory capacity (ELC) CARES funding for case investigation, contact tracing, coordination and reporting activities associated with COVID-19 testing for the period of August 1, 2020 through March 31, 2022. The form and content of the agreement shall be substantially as set forth in "Attachment A" attached hereto and made a part hereof. Any actions taken by or on behalf of the City in connection with such agreement prior to the date of this ordinance are hereby approved and ratified.

SECTION 2. The FY 2021 Annual Budget adopted by Ordinance No. 024359 is amended by appropriating the sum of \$55,000.00 from Account No. 11003010-461000 CITYWIDE-CARES-STATE in the following amounts to the following accounts:

\$43,406.41	Temp Positions	Account No. 11003010-500105 CITYWIDE-COVID19-STATE
\$3,321.70	Social Security	Account No. 11003010-500210 CITYWIDE-COVID19-STATE
\$8,271.89	Employee Health Ins	Account No. 11003010-500234 CITYWIDE-COVID19-STATE

SECTION 3. This ordinance shall be in full force and effect from and after its passage.

PASSED this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

ATTEST:

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
Mayor and Presiding Officer

APPROVED AS TO FORM:

\_\_\_\_\_  
City Counselor

CERTIFICATION: I certify there are sufficient funds available in Account No. 11003010-461000 CITYWIDE-CARES-STATE to cover the above appropriation.

\_\_\_\_\_  
Director of Finance