



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.

<b>Tracking #</b> 56641	<b>Contract Title:</b> RURAL PREP CLINIC PROGRAM	
<b>Contract Start:</b> 8/1/2024	<b>Contract End:</b> 5/31/2026	<b>Questions/Please Contact:</b> PROCUREMENT UNIT @ (573)751-6471
<b>Contract #:</b> DH250056641		<b>Amend #:</b> 01

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

NAME OF ENTITY/INDIVIDUAL (Contractor)	
CITY OF COLUMBIA	
DOING BUSINESS AS (DBA) NAME	
ON BEHALF OF COLUMBIA/BOONE COUNTY HEALTH DEPARTMENT	
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)	UEI NUMBER
*****	WZR4KM9CBTV3
CONTRACTOR'S AUTHORIZED SIGNATURE	DATE
PRINTED NAME	TITLE
De'Carlon Seewood	City Manager
DEPARTMENT OF HEALTH AND SENIOR SERVICES DIRECTOR OF DIVISION OF ADMINISTRATION OR DESIGNEE SIGNATURE	DATE

Approved as to form:

Thursday, February 27, 2025  
MO 580-3017 (03-22)

9:40:05 AM

Nancy Thompson, City Counselor

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**AMENDMENT #01 TO CONTRACT DH250056641**

**CONTRACT TITLE:** Rural PrEP Clinic Program

**CONTRACT PERIOD:** June 1, 2025, through May 31, 2026

The Department of Health and Senior Services hereby exercises its option to renew the above referenced contract; 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 \$80,000.00 for the period of June 1, 2025, through May 31, 2026.

In addition, the Department of Health and Senior Services desires to amend the above-referenced contract in accordance with the following:

1. Delete Section 6.1 in its entirety and replace with revised Section 6.1 as follows:
- 6.1 The Department will reimburse the Contractor for an amount not to exceed the total contract amount for only the allowable costs in the following budget categories:

Personnel	\$41,942.70
Fringe	\$15,430.73
Supplies	\$ 3,273.84
Other	\$12,080.00
<u>Indirect (10%)</u>	<u>\$ 7,272.73</u>
Total	\$80,000.00

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

**CONTRACT FUNDING SOURCE(S)**

The Contract Funding Source(s) identifies the total amount of funding and federal funding source(s) expected to be used over the life of this contract. The CFDA number is the pass-through identification number for your Schedule of Expenditures of Federal Awards (SEFA), if one is required. You may reconcile your financial records to actual payment documents by going to the vendor services portal at <https://www.vendorservices.mo.gov/>. If the funding information is not available at the time the contract is issued, 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>	56641	<b>State:</b> 47%	\$70,833.00	<b>Federal:</b> 53%	\$80,000.00
<b>Contract Title:</b>	RURAL PREP CLINIC PROGRAM				
<b>Contract Start:</b>	8/1/2024	<b>Contract End:</b>	5/31/2026	<b>Amend#:</b> 01	<b>Contract #:</b> DH250056641
<b>Vendor Name:</b>	CITY OF COLUMBIA				

**CFDA:** 0      **Research and Development:****CFDA Name:****Federal Agency:****Federal Award:** \***Federal Award Name:** \***Federal Award Year:** \*      **DHSS #:** ZZZ-PENDING FOA      **Federal Obligation:** \$80,000.00

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

**Project Description:**

Support the development and implementation of a Rural PrEP Clinic program tailored to ending the human immunodeficiency virus epidemic in the priority populations of Southeast Missouri.