



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.

<b>Tracking #</b> 49859	<b>Contract Title:</b> COVID-19 AND ADULT VACCINATION SUPPLEMENTAL	
<b>Contract Start:</b> 2/1/2021	<b>Contract End:</b> 1/31/2024	<b>Questions/Please Contact:</b> PROCUREMENT UNIT @ (573)751-6471
<b>Contract #:</b> DH220049859		<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) *****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

SKB

**AMENDMENT #001 TO CONTRACT #DH210049859**

**CONTRACT TITLE: COVID-19 AND ADULT VACCINATION SUPPLEMENTAL**

**CONTRACT PERIOD: FEBRUARY 1, 2021 THROUGH JANUARY 31, 2024**

The Department of Health and Senior Services hereby amends the above referenced contract as follows:

1. Delete Section 1.1 in its entirety and replace revised Section 1.1 as follows:
  - 1.1 The contract amount shall not exceed the Contractor's displayed funding amount on the COVID-19 Vaccine Incentive Advance Payments Table located at <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus-lpha/> for the period of February 1, 2021 through January 31, 2024.
2. Add Section 1.5 in its entirety as follows:
  - 1.5 The Contractor must disclose, in a timely manner in writing to the Department and the U.S. Department of Health and Human Services Office of the Inspector General (HHS OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the Centers for Disease Control and Prevention (CDC) and to the HHS OIG at the following addresses:

CDC, Office of Grants Services  
Kathy Raible, Grants Management Officer  
Centers for Disease Control and Prevention  
Infectious Disease Services Branch  
2939 Flowers Rd, Rm 2147 MS TV-2  
Atlanta GA 30341  
Email: [kcr8@cdc.gov](mailto:kcr8@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services Office of the Inspector General  
ATTN: Mandatory Grant Disclosures,  
Intake Coordinator 330 Independence Avenue, SW  
Cohen Building, Room 5527 Washington, DC 20201  
Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or  
Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

3. Delete Section 4.2.3 in its entirety and replace revised Section 4.2.3 as follows:
  - 4.2.3 The Contractor should utilize the CDC Patient Safety Checklist, found at the following link: <https://www.cdc.gov/vaccines/covid-19/downloads/patient-safety-checklist-508.pdf>, at each off-site COVID-19 vaccination clinic and maintain documentation or a similar screening tool that incorporates the health questions as indicated on the CDC Patient Safety Checklist.
  
4. Delete Sections 4.5.3 through 4.5.3 d. in its entirety and replace revised Section 4.5.3 through 4.5.3 d. as follows:
  - 4.5.3 The Contractor shall develop and implement community engagement strategies to promote COVID-19 vaccine to all eligible populations.  
  
The Contractor shall choose at least one option to implement:
    - a. Conduct a county level digital campaign using CDC developed materials;
    - b. Provide printed adult vaccination materials to patients;
    - c. Implement direct adult immunization mailers (postage paid); or
    - d. Develop and print LPHA specific adult immunization flyers for county healthcare providers.
  
5. Delete Sections 4.6 through 4.6 c. in its entirety and replace revised Section 4.6 through 4.6 c. as follows:
  - 4.6 The Contract shall use immunization information systems to support efficient COVID-19 vaccination:  
  
The Contractor shall implement at least one of the following options:
    - a. Develop, implement, or maintain a COVID-19 immunization reminder recall system;
    - b. Develop, implement, or maintain an Electronic Medical Record; or
    - c. Develop, implement, or maintain a HL7 interface with an EMR system and ShowMeVax.
  
6. Add Section 4.7 as follows:
  - 4.7 The Contractor shall provide influenza vaccination efforts for underinsured and uninsured eligible adults as outlined in the Attachment F, Underinsured and Uninsured Adult Influenza Program, which is attached hereto and is incorporated by reference as if fully set forth herein.

7. Delete Sections 6.1 through 6.1 a. in its entirety and replace revised Section 6.1 through 6.1 a. 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 (Salaries and Fringe Benefits), Travel, Software, Supplies, Printing/Marketing, Mass Vaccination (Rental space, tents, WiFi expenses, etc.), and Indirect Costs.
    - a. The Department reserves the right to pre-approve any single supply item with a unit cost over one-thousand dollars (\$1,000.00).
8. Delete Section 6.5 in its entirety.
9. Delete Attachment D, Budget, in its entirety.
10. Add Attachment F, Underinsured and Uninsured Adult Influenza Program, in its entirety.

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

## Underinsured and Uninsured Adult Influenza Program

**1. PURPOSE**

- 1.1 The purpose of the Underinsured and Uninsured Adult Influenza Program is to provide local public health agencies with funding to support targeted influenza vaccination efforts for underinsured and uninsured eligible adults.

**2. DEFINITIONS****2.1 Target Population:**

- a. Underinsured individuals, age 19 years and older, with insurance that does not cover the full cost of influenza vaccine.
- b. Uninsured individuals, age 19 and older, without health insurance.

**3. DELIVERABLES AND OUTCOMES**

- 3.1 The Contractor shall hold off-site and/or non-traditional vaccination clinics to administer influenza vaccine to individuals in the target population, which could include: Curbside vaccination clinics, Drive-thru vaccination clinics, and College Campus Vaccination Clinics.
- 3.1.1 If the Contractor does not administer vaccine services, then the Contractor must partner with a community organization that does administer vaccine services to the target population.
- 3.2 The Contractor shall promote influenza vaccine clinics to the target population.
- 3.3 The Contractor shall be required to document all influenza doses administered in ShowMeVax either by manual entry or an HL7 interface.

**4. REPORTS**

- 4.1 The Contractor shall complete and submit a line listing of clinics conducted and number of influenza vaccines administered via email to their regional immunization nurse consultant by the 15<sup>th</sup> of the month following the month.
- 4.2 The Contractor shall use ShowMeVax, a Department approved electronic health record interface, or paper forms to be emailed, to report doses administered within seven (7) calendar days. Detailed instructions for reporting will be provided to the Contractor.

**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>	49859	<b>State:</b> 0%	\$0.00	<b>Federal:</b> 100%	\$306,351.00
<b>Contract Title:</b>	COVID-19 AND ADULT VACCINATION SUPPLEMENTAL				
<b>Contract Start:</b>	2/1/2021	<b>Contract End:</b>	1/31/2024	<b>Amend#:</b> 01	<b>Contract #:</b> DH220049859
<b>Vendor Name:</b>	CITY OF COLUMBIA				

<b>CFDA:</b> 93.268	<b>Research and Development:</b> N		
<b>CFDA Name:</b>	IMMUNIZATION COOPERATIVE AGREEMENTS		
<b>Federal Agency:</b>	DEPARTMENT OF HEALTH AND HUMAN SERVICES / CENTERS FOR DISEASE CONTROL AND PREVENTION		
<b>Federal Award:</b>	6NH23IP922606-02		
<b>Federal Award Name:</b>	CDC-RFA-IP19-1901 IMMUNIZATION AND VACCINES FOR CHILDREN		
<b>Federal Award Year:</b> 2020	<b>DHSS #:</b> IP922606-02M	<b>Federal Obligation:</b>	\$86,398.00

<b>CFDA:</b> 93.268	<b>Research and Development:</b> N		
<b>CFDA Name:</b>	IMMUNIZATION COOPERATIVE AGREEMENTS		
<b>Federal Agency:</b>	DEPARTMENT OF HEALTH AND HUMAN SERVICES / CENTERS FOR DISEASE CONTROL AND PREVENTION		
<b>Federal Award:</b>	6NH23IP922606-02		
<b>Federal Award Name:</b>	CDC-RFA-IP19-1901 IMMUNIZATION AND VACCINES FOR CHILDREN		
<b>Federal Award Year:</b> 2020	<b>DHSS #:</b> IP922606-02L	<b>Federal Obligation:</b>	\$207,583.00

<b>CFDA:</b> 93.268	<b>Research and Development:</b> N		
<b>CFDA Name:</b>	IMMUNIZATION COOPERATIVE AGREEMENTS		
<b>Federal Agency:</b>	DEPARTMENT OF HEALTH AND HUMAN SERVICES / CENTERS FOR DISEASE CONTROL AND PREVENTION		
<b>Federal Award:</b>	6NH23IP922606-01		
<b>Federal Award Name:</b>	CDC-RFA-IP19-1901 IMMUNIZATION AND VACCINES FOR CHILDREN (THIS IS YEAR 01 NGA; KORTNEY MADE A MISTAKE ON SETUP AND IT WASN'T CAUGHT).LG		
<b>Federal Award Year:</b> 2020	<b>DHSS #:</b> IP922606-02I	<b>Federal Obligation:</b>	\$12,370.00

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

**Project Description:**

To support local efforts to plan develop and maintain a public health workforce to increase COVID-19 and adult vaccination capacity across jurisdictions.