



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 # 46416	Contract Title: MATERNAL CHILD HEALTH SERVICES	
Contract Start: 10/1/2018	Contract End: 9/30/2021	Questions/Please Contact: PROCUREMENT UNIT @ (573)751-6471
Contract #: AOC19380199		Amend #: 02

PLEASE VERIFY/COMPLETE - TYPE OR PRINT - SIGNATURE REQUIRED

NAME OF ENTITY/INDIVIDUAL (Contractor) THE CITY OF COLUMBIA	
DOING BUSINESS AS (DBA) NAME COLUMBIA/BOONE COUNTY PUBLIC HEALTH AND HUMAN SERVICES	
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 #2 TO CONTRACT AOC19380199

Columbia-Boone County Department of Public Health and Human Services

CONTRACT TITLE: Maternal Child Health

CONTRACT PERIOD: October 1, 2020 through September 30, 2021

The Department of Health and Senior Services hereby exercises its option to renew the above referenced contract.

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

1. Delete Paragraph 1.1 in its entirety and replace with revised Paragraph 1.1 as follows:
 - 1.1 The contract amount shall not exceed \$70,156.09 for the period of October 1, 2020 through September 30, 2021
2. Delete Section 5. Deliverables and Outcomes, Section 6. Reports, and Section 7. Budget and Allowable Cost, in their entirety and replace with Revised Sections 5, 6 and 7 as follows:

5. DELIVERABLES AND OUTCOMES

- 5.1 The Contractor shall address at least one priority health issue(s) derived from the state's Title V Maternal and Child Health Services Block Grant priorities. The Contractor's selected Priority Health Issue(s) shall be identified in the FFY2019-2021 contract work plan.
- 5.2 The Contractor shall work with the local community to maintain, develop, and enhance a community-based system to address the priority maternal child health issue(s) identified in the FFY2019-2021 contract work plan.
- 5.3 The Contractor shall address risk and protective factors that influence health disparities within families and communities through the Life Course Perspective.
- 5.4 The Contractor shall identify, track and monitor targeted national, state, and local outcome measure(s) and any additional performance indicator data/measures and analyze FFY2019-2021 contract work plan performance trends.

- 5.5 If the Contractor desires to make changes to the approved FFY2019-2021 contract work plan or the annual contract budget before the end of the contract year, the Contractor shall submit the proposed revised FFY2019-2021 contract work plan or proposed revised annual contract budget to the MCH Services Program via an electronic email attachment.
- 5.6 Based on an examination of state and local quantitative and qualitative data, community engagement, and self-determination of local capacity, the Contractor shall complete a focused local assessment of the health status, strengths, weaknesses, and needs of the MCH population in their community, based on the population domains of women/maternal, perinatal/infant, child, and adolescent, and existing health inequities and weaknesses/gaps in access to care.
 - 5.6.1 The Contractor shall utilize the Missouri Public Health Information Management System (MOPHIMS); Missouri Information for Community Assessment (MICA) Data Profiles; Community Maternal, Infant and Child Health Profile(s) provided by the Department; local community health data; surveillance data; and other data sources to assist in the assessment process, priority health issue (PHI) and outcome measure selection, and systematic program planning.
 - 5.6.2 The Contractor shall seek input from MCH stakeholders including families/consumers, providers and other community partners about the issues related to local MCH program services and delivery.
 - 5.6.3 Based on the findings from the focused local assessment, the Contractor shall select **at least one** priority health issue derived from the Missouri Title V MCH Block Grant FFY 2021-2025 MCH Priorities and develop a five-year (FFY2022-2026) work plan to address the selected top priority health issue(s).
 - 5.6.4 The Contractor shall develop a proposed FFY2022 contract budget for using contract funds to accomplish the proposed work plan. The proposed annual contract budget shall be submitted no later than July 31st via an electronic email attachment.
 - 5.6.5 The Contractor shall establish a five-year (FFY 2022-2026) evaluation plan for tracking and monitoring progress on the work plan and analyzing performance trends which shall include identification of targeted outcome measure(s), evaluation questions, performance indicator measures, method(s) for tracking and monitoring progress, data sources(s), and methods for analyzing performance trends.

5.7 Proposed five-year, (FFY2022-2026), Work Plan:

5.7.1 The Contractor shall develop and submit a proposed five-year (FFY2022-2026) work plan to address the selected top priority health issue(s). The proposed work plan shall be submitted to the MCH Services Program District Nurse Consultant (DNC) via an electronic e-mail attachment. The proposed work plan shall include the following:

- a. Identification of the Selected Priority Health Issue(s) and targeted national, state, and/or local outcome measure(s);
- b. A Statement of the Problem, including: statistical data to illustrate the scope of the priority health issue in the community, potential root causes and/or other community elements that may contribute to the problem, a discussion of social determinants of health and health inequities in the community, a discussion of existing strengths/weaknesses/gaps in access to care, the unique characteristics of the populations (i.e. income/employment status, geographic location, gender, age, education attainment, and race/ethnicity, etc.), and anecdotal or descriptive elements that give a sense of the story behind the data;
- c. Goals for addressing the stated problem (based on the targeted national, state, and/or local outcome measure(s));
- d. Evidence-based strategies that will be used to address the problem;
- e. System Outcome(s) and Activities at each of the six levels of the Spectrum of Prevention as follows:
 - 1.) System Outcome(s): The outcomes of the work plan shall reflect the anticipated changes in the community system after three years of effort. Outcome statements shall include evidence of accomplishment and/or an expected level of change. The outcome should be the measure that indicates the Activities in the work plan have been effective. Each System Outcome shall be defined in measurable terms. Each level of the Spectrum of Prevention shall include at least one System Outcome.
 - 2.) Activities: The Contractor shall identify activities at each level of the spectrum for each year of the work plan that lead to the System Outcome(s). Planned activities should demonstrate progressive growth toward each level's System Outcome for an improved coordinated system, and be based on strategies that are evidence-

based, field-tested, or validated by expert opinion. A multifaceted range of activities should progress toward the outcomes to address the priority health issue over each year.

- f. Identification of risk and protective factors that influence health disparities within families and the community through the Life Course Perspective;
 - g. Strategies to address the identified health inequities; and
 - h. Strategies to address existing weaknesses/gaps in access to care.
- 5.7.2 The Contractor shall not propose a work plan to cover an area smaller than a county in size with the exception of Joplin, Springfield, Kansas City, and St. Louis City.
- 5.7.3 The Contractor may propose a joint submission of a work plan for this contract. Refer to the Glossary for the MCH Services Contract for a definition on joint submission of a proposed work plan used within the scope of work and guidance for the contract. The glossary is posted on the Center for Local Public Health Services web page at <http://clphs.health.mo.gov/lphs/lphainfo.php> and is incorporated by reference as if fully set forth herein.
- 5.7.4 The Contractor shall propose a work plan to meet the following requirements:
- a. The proposed work plan shall be completed in accordance with the Proposal Guidance for the MCH Services Contract as set forth herein by the MCH Services Program. The proposed work plan shall be for the five-year period of October 1, 2021 through September 30, 2026.
 - b. The proposed work plan shall be based on the priority health issue(s) selected by the LPHA and approved by the Department; shall utilize the Spectrum of Prevention Model; and shall show progressive growth toward an improved coordinated system and be based on interventions that are evidence-based, field-tested, or validated by expert opinion.
 - c. The work plan component shall be submitted to the Department's MCH Services Program for approval on the program provided template. The proposed work plan shall be submitted electronically via an e-mail attachment to the MCH Services Program DNC.
 - 1.) The MCH Services Program DNC will review, provide technical assistance on the content, approve the proposed work plan, and forward to the Department's MCH Services Program Manager and Health Program Representative.

- d. If the Contractor desires to make changes to the approved work plan before the end of the contract year, the Contractor shall submit the proposed revised work plan to the MCH Services Program via an electronic email attachment.
- e. The Department reserves the right to clarify or verify any component of the proposed five-year work plan.
- f. The Contractor shall disseminate the final, approved work plan to the community stakeholders.

6. REPORTS

- 6.1 The Contractor shall submit reports using the forms and/or formats provided by the MCH Services Program when available. Reports shall be submitted to the MCH Services Program DNC via an electronic email attachment
- 6.2 The Contractor shall complete and submit the Progress Report no later than February 15th of each contract period. The Progress Report shall include the following for each level of the Spectrum of Prevention:
 - a. Descriptive summary of progress toward completing planned activity(s), demonstrating progress toward system outcomes.
 - b. Assessment of progress toward achieving the system outcomes.
 - c. Listing of achievements to support assessed level of progress toward achieving the system outcomes.
- 6.3 The Contractor shall complete and submit the Contract Outcomes Report no later than October 31st of the third contract period. The Contract Outcomes Report shall include the following:
 - 6.3.1 System outcomes set forth in the approved work plan have been met or not met.
 - 6.3.2 For any outcome marked “NOT MET” explanation of the barriers or extenuating circumstances that prevented the outcome from being met.
 - 6.3.3 Description of challenges/barriers in completing activities, meeting the contract deliverables, and fulfilling the purpose of the MCH Services contract as stated herein.
 - 6.3.4 Description of what has changed in the community as a result of efforts addressing the selected priority health issue.

- 6.3.5 Finalized evaluation plan, identifying targeted outcome measure(s), evaluation questions, performance indicator measures, method(s) for tracking and monitoring progress, data sources(s), methods for analyzing performance trends, any revisions from original evaluation plan, and conclusions.
- 6.3.6 Annual financial report on use of contract funding to address the selected priority health issue(s) and implement the FFY2019-2021 contract work plan, and, as applicable, a detailed report of ALL other maternal, and child health initiatives/activities supported with the use of contract funding.
- 6.3.7 Compliance with the contract funding and general contract provisions.
- 6.3.8 Local match funding amounts on health activities for the maternal and child health population, or an entry to indicate decision not to report.
- 6.3.9 Tangible personal property documenting any equipment purchased with MCH contract funding, defined as any single item that has a useful life of more than one year and has a purchase price that exceeds \$5,000.
- 6.4 The Contractor shall submit a Subrecipient Annual Financial Report (Attachment D, which is attached hereto and is incorporated by reference as if fully set forth herein). For a contract period of twelve months or less, the Contractor shall submit this report at the time the final invoice is due. For a contract period over twelve months, the Contractor shall submit this report annually and at the time the final invoice is due.
- 6.5 The Contractor, at a minimum of twice per calendar year during the effective dates of this contract, agrees to verify which of its employees are still employed and still require partner-level access to the Department's Missouri Public Health Information Management System (MOPHIMS). The Contractor shall perform verification and updates with the MOPHIMS Program Security Officer at Division of Community and Public Health, Bureau of Health Care Analysis and Data Dissemination.
- 6.6 The Department reserves the right to make changes on any Department supplied contract reporting forms and formats without the need for a contract amendment. The Department will notify the Contractor of all reporting form changes and provide the Contractor with the new forms.
- 7. BUDGET AND ALLOWABLE COSTS**
- 7.1 The Department will reimburse the Contractor for an amount not to exceed the total contract amount for only the allowable costs in the budget categories stated

in Exhibit 2, which is attached hereto and incorporated by reference as if fully set forth herein.

- 7.1.1 The Contractor shall submit the Budget Page (Exhibit 2) with the signed contract.
- 7.2 The Department reserves the right to reallocate or reduce contract funds at any time during the contract period due to underutilization of contract funds or changes in the availability of program funds. The Department will provide the Contractor with thirty (30) days prior written notification of any reallocation.
- 7.3 If the Contractor identifies specific needs within the Scope of Work, the Contractor may rebudget up to 10% of the total budget between object class categories of the budget for approved expenditures without obtaining prior written approval of the Department. Such rebudgeting by the Contractor shall not cause an increase in the indirect cost category. The Contractor and the Department must agree to a written contract amendment for an increase to the indirect cost category or any other rebudgeting.
- 7.4 Indirect costs
 - 7.4.1 Indirect costs are those associated with the management and oversight of any organization's activities and are a result of all activities of the contractor. Indirect costs may include such things as utilities, rent, administrative salaries, financial staff salaries, and building maintenance.
 - 7.4.2 The Contractor shall use the indirect rate as stated on the Budget Page (Exhibit 2) to calculate indirect cost. The Contractor shall not bill the Department for indirect cost that exceeds this percentage of the modified total direct costs as defined in 2 CFR § 200.68.
 - a. Modified Total Direct Cost Method (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

- 7.4.3 It is the Contractor's responsibility to correctly apply the indirect rate to the applicable direct costs claimed on each invoice.
- 7.5 The Contractor shall maintain records for salary and wages charged under the contract that accurately reflect the work performed.
- 7.6 The Contractor shall invoice and be reimbursed for actual and reasonable travel expenses either at the Contiguous US Per Diem Rates (CONUS) or the travel reimbursement rates set by the Contractor's internal policy, whichever is lower.
- 7.6.1 The Contractor must have the prior written approval of the Department for any travel related expenses which may exceed the CONUS rates.
- 7.6.2 The Contiguous US Per Diem Rates (CONUS) can be found by clicking on the link for "Per Diem Rates" at the following Internet address:
<http://www.gsa.gov>.
- 7.7 The Contractor shall follow competitive procurement practices.
- 7.8 The Department shall in all cases be utilized as "payor of last resort" which means that payment under this contract may be available only after the Contractor has demonstrated that all other payment sources, including but not limited to insurance coverage and/or government assistance programs, have been exhausted. Documentation of such shall be maintained in client files to be available for contract monitoring purposes.
- 7.9 Funding Provisions
 - 7.9.1 Funding for this contract is provided by federal grant dollars from the Maternal and Child Health Services Title V Block Grant issued to the State of Missouri from the United States (U.S.) Health Resources and Services Administration (HRSA) and the U.S. Department of Health and Human Services (HHS).
 - 7.9.2 Funding for this contract is awarded annually for a one-year funding period only.
 - 7.9.3 Funding for this contract shall be expended during the applicable contract period.
 - 7.9.4 Funding for this contract shall be used to expand or enhance activities that improve the health of the maternal and child health population, and to address local maternal and child health issues.
 - 7.9.5 Funding for this contract shall be expended as follows:

- a. A minimum of **60%** of contract funding **MUST** be spent on implementing the approved FFY2019-2021 contract work plan to address the selected priority health issue(s); and
 - b. A maximum of **40%** of contract funding may be spent to expand or enhance other specific MCH initiatives/activities that improve the health of the maternal and child health population and address local maternal and child health issues, including the implementation of science-based approaches to respond to COVID-19 and address related maternal child health population needs.
- 7.9.6 Funding for this contract shall not be used for cash payments to intended recipients of maternal and child health services or for purchase of land, buildings, or major medical equipment.
- 7.9.7 Funding for this contract shall not be expended for the purpose of performing, assisting, or encouraging abortion, and none of these funds shall be expended to directly, or indirectly, subsidize abortion services.
- 7.9.8 Funding for this contract shall not be used for inpatient services, political purposes, food or entertainment, land or buildings, major medical equipment, or research or training at a public, for-profit entity.
- 7.9.9 Individuals with income falling below one hundred percent (100%) of the federal poverty guidelines shall not be charged for services under this contract. Poverty Guidelines are published annually by the U.S. HHS.
- 7.9.10 The Contractor agrees that funds provided by the Department shall not be used in any manner to replace or supplant state or federal funds for any service included in this contract. No contract provisions preclude the Contractor from being a Medicaid provider. Contractors shall not use contract funding for services reimbursed under Medicaid.
3. Delete Paragraph 8.2.1 and replace with revised Paragraph 8.2.1 as follows:
 - 8.2.1 The Contractor shall indicate the invoice number for each invoice submitted to the Department for payment in the following format: MCHmmyy. For example, an invoice submitted to the Department for the month of October 2020 should have the following invoice number MCH1020.
4. Add Paragraph 8.2.2 as follows:
 - 8.2.2 The Contractor shall specify the amount of MCH Services contract funds utilized for COVID-19 response efforts in each invoice and include the

following statement in the comments field of the Vendor Request for Payment form: MCH Services contract funds utilized for COVID-19 response efforts: \$ _____.

5. Delete Paragraph 9.6 in its entirety and replace with revised Paragraph 9.6 as follows:

9.6 The Contractor shall submit proposed work plan amendment request prior to March 31st.

6. Add Section 18. Subcontracting in its entirety as follows:

18. SUBCONTRACTING

18.1 Any subaward and/or subcontract shall include appropriate provisions and contractual obligations to ensure the successful fulfillment of all contractual obligations agreed to by the Contractor and the Department, including the civil rights requirements set forth in 19 CSR 10-2.010 (5) (A)-(L), if applicable, and provided that the Department approves the arrangement prior to finalization. The Contractor shall ensure that the Department is indemnified, saved, and held harmless from and against any and all claims of damage, loss, and cost (including attorney fees) of any kind related to a subaward and/or subcontract in those matters described herein. The Contractor shall expressly understand and agree that the responsibility for all legal and financial obligations related to the execution of a subaward and/or subcontract rests solely with the Contractor; and the Contractor shall ensure and maintain documentation that any and all subawardees and/or subcontractors comply with all requirements of this contract. The Contractor agrees and understands that utilization of a subawardee and/or subcontractor to provide any of the equipment or services in this contract shall in no way relieve the Contractor of the responsibility for providing the equipment or services as described and set forth herein.

18.2 Pursuant to subsection 1 of section 285.530, RSMo, no Contractor, subawardee, and/or subcontractor shall knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. In accordance with sections 285.525 to 285.550, RSMo, a general Contractor, subawardee, and/or subcontractor of any tier shall not be liable when such Contractor, subawardee, and/or subcontractor contracts with its direct subawardee and/or subcontractor who violates subsection 1 of section 285.530, RSMo, if the contract binding the Contractor and the subawardee and/or subcontractor affirmatively states that:

- 18.2.1 The direct subawardee and/or subcontractor is not knowingly in violation of subsection 1 of section 285.530, RSMo, and shall not henceforth be in such violation.
- 18.2.2 The Contractor, subawardee, and/or subcontractor receives a sworn affidavit under the penalty of perjury attesting to the fact that the direct subawardee's and/or subcontractor's employees are lawfully present in the United States.
- 18.3 The Contractor shall be responsible for ensuring that any subawardee(s) and/or subcontractor(s) are appropriately qualified and licensed or certified, as required by state, federal or local law, statute, or regulation, respective to the services to be provided through this contract. The Contractor shall make documentation of such licensure or certification available to the Department upon request.
- 18.4 The Contractor shall notify all subawardee(s) and/or subcontractor(s) of applicable Office of Management and Budget (OMB) administrative requirements, cost principles, other applicable federal rules and regulations, and funding source information as included herein.

7. Add Section 19. in its entirety as follows:

19. ANTI-DISCRIMINATION AGAINST ISRAEL ACT CONTRACTOR REQUIREMENTS

- 19.1 If the Contractor meets the definition of a company as defined in section 34.600, RSMo, and has ten or more employees, the Contractor shall not engage in a boycott of goods or services from the State of Israel; from companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or from persons or entities doing business in the State of Israel as defined in section 34.600, RSMo.
- 19.2 If the Contractor meets the definition of a company as defined in section 34.600, RSMo, and the company's employees increases to ten or more during the life of the contract, then the Contractor shall submit to the Department a completed Box C of the exhibit titled, Anti-Discrimination Against Israel Act Certification, and shall comply with the requirements of Box C.
- 19.3 If during the life of the contract, the Contractor's business status changes to become a company as defined in section 34.600, RSMo, and the company has ten or more employees, then the Contractor shall comply with, complete, and submit to the Department a completed Box C of the exhibit titled, Anti-Discrimination Against Israel Act Certification.

19.4 Regardless of company status or number of employees, the Contractor is requested to complete and submit the applicable portion of Exhibit 3 - Anti-Discrimination Against Israel Act Certification with their response. Pursuant to section 34.600, RSMo, if the Contractor meets the section 34.600, RSMo, definition of a “company” (<https://revisor.mo.gov/main/OneSection.aspx?section=34.600>) and the Contractor has ten or more employees, the Contractor must certify in writing that the Contractor is not currently engaged in a boycott of goods or services from the State of Israel as defined in section 34.600, RSMo, and shall not engage in a boycott of goods or services from the State of Israel, if awarded a contract, for the duration of the contract. The applicable portion of the exhibit must be submitted prior to an award of a contract.

8. Add Exhibit 2, Budget, as attached hereto and incorporated by reference as if fully set forth herein.
9. Add Exhibit 3, Anti-Discrimination Against Israel Act Certification, as 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.

Columbia-Boone County Department of Public Health and Human Services				
Completed By:	Michelle Shikles and Monica Stokes	Date:	7.29.2020	
Contact Email:	michelle.shikles@como.gov; monica.sto	Phone #:	874-6331	
FFY 2021 Maternal Child Health Services Contract Budget				
Section A				
Total Allowed Contract Amount		60% or more	40% or less	TOTAL
Minimum/Maximum Budget		42,093.65	28,062.44	70,156.09
Planned Budget		47,881.60	22,274.49	70,156.09
Operational Expenses		43,528.73	20,249.54	63,778.27
Personnel Services				
Fringe Benefits				
Travel				
Supplies				
Other				
Equipment				
Rental/Lease Costs				
Total Contractual				
Subcontract #1				
Subcontract #2				
Subcontract #3				
Subcontract #4				
Subcontract #5				
Total Direct Costs		43,528.73	20,249.54	63,778.27
Indirect (Administrative Cost)	10%	4,352.87	2,024.95	6,377.82
MCH Contract Total		47,881.60	22,274.49	70,156.09
Surplus/Deficit		0.00	0.00	0.00

Section B - CALCULATION ONLY. ENTER AMOUNTS IN SECTION A

Indirect Computation		
Operational Expenses	43,528.73	20,249.54
Contractual	0.00	0.00
Subcontract #1	0.00	0.00
Subcontract #2	0.00	0.00
Subcontract #3	0.00	0.00
Subcontract #4	0.00	0.00
Subcontract #5	0.00	0.00

MLB 10/8/20

EXHIBIT 3
ANTI-DISCRIMINATION AGAINST ISRAEL ACT CERTIFICATION

Statutory Requirement: Section 34.600, RSMo, precludes entering into a contract with a company to acquire products and/or services “unless the contract includes a written certification that the company is not currently engaged in and shall not, for the duration of the contract, engage in a boycott of goods or services from the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel.”

Exceptions: The statute provides two exceptions for this certification: 1) “contracts with a total potential value of less than one hundred thousand dollars” or 2) “contractors with fewer than ten employees.” Therefore the following certification is required prior to any contract award.

Section 34.600, RSMo, defines the following terms:

Company - any for-profit or not-for-profit organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, limited liability company, or other entity or business association, including all wholly-owned subsidiaries, majority-owned subsidiaries, parent companies, or affiliates of those entities or business associations.

Boycott Israel and Boycott of the State of Israel - engaging in refusals to deal, terminating business activities, or other actions to discriminate against, inflict economic harm, or otherwise limit commercial relations specifically with the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel, that are all intended to support a boycott of the State of Israel. A company’s statement that it is participating in boycotts of the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel, or that it has taken the boycott action at the request, in compliance with, or in furtherance of calls for a boycott of the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel shall be considered to be conclusive evidence that a company is participating in a boycott of the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel; provided, however that a company that has made no such statement may still be considered to be participating in a boycott of the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel if other factors warrant such a conclusion.

Certification: The Contractor must therefore certify their current status by completing either Box A, Box B, or Box C on the next page of this Exhibit.

- BOX A:** To be completed by a Contractor that does not meet the definition of “company” above, hereinafter referred to as “Non-Company.”
- BOX B:** To be completed by a Contractor that meets the definition of “Company” but has less than ten employees.
- BOX C:** To be completed by a Contractor that meets the definition of “Company” and has ten or more employees.

EXHIBIT 3, continued**BOX A – NON-COMPANY ENTITY**

I certify that _____ (Entity Name) currently **DOES NOT MEET** the definition of a company as defined in section 34.600, RSMo, but that if awarded a contract and the entity's business status changes during the life of the contract to become a "company" as defined in section 34.600, RSMo, and the entity has ten or more employees, then, prior to the delivery of any services and/or supplies as a company, the entity agrees to comply with, complete, and return Box C to the Division of Purchasing at that time.

Authorized Representative's Name (Please Print)

Authorized Representative's Signature

Entity Name

Date

BOX B – COMPANY ENTITY WITH LESS THAN TEN EMPLOYEES

I certify that _____ (Company Name) **MEETS** the definition of a company as defined in section 34.600, RSMo, and currently has less than ten employees but that if awarded a contract and if the company increases the number of employees to ten or more during the life of the contract, then said company shall comply with, complete, and return Box C to the Division of Purchasing at that time.

Authorized Representative's Name (Please Print)

Authorized Representative's Signature

Company Name

Date

BOX C – COMPANY ENTITY WITH TEN OR MORE EMPLOYEES

I certify that _____ (Company Name) **MEETS** the definition of a company as defined in section 34.600, RSMo, has ten or more employees, and is not currently engaged in a boycott of goods or services from the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel as defined in section 34.600, RSMo. I further certify that if the company is awarded a contract for the services and/or supplies requested herein said company shall not engage in a boycott of goods or services from the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel as defined in section 34.600, RSMo, for the duration of the contract.

Authorized Representative's Name (Please Print)

Authorized Representative's Signature

Company Name

Date



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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.

Tracking #	46416	State: 0%	\$0.00	Federal: 100%	\$204,478.41
Contract Title:	MATERNAL CHILD HEALTH SERVICES				
Contract Start:	10/1/2018	Contract End:	9/30/2021	Amend#:	02
Contract #:	AOC19380199				
Vendor Name:	THE 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:	1B04MC32553-01, 6B04MC32553-01		
Federal Award Name:	MATERNAL AND CHILD HEALTH SERVICES		
Federal Award Year: 2019	DHSS #: 19MCH	Federal Obligation:	\$65,967.79

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:	1B04MC33849-01, 6B04MC33849-01		
Federal Award Name:	MATERNAL AND CHILD HEALTH SERVICES		
Federal Award Year: 2020	DHSS #: 20MCH	Federal Obligation:	\$138,510.62

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

Project Description:

To support a leadership role for local public health agencies within coalitions and partnerships at the local level to build Maternal Child Health systems and expand the resources those systems can use to respond to priority health issues.