



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 # 43638 | Contract Title: WIC LOCAL AGENCY NUTRITION SERVICES | |
| Contract Start: 10/1/2016 | Contract End: 9/30/2017 | Questions/Please Contact: PROCUREMENT UNIT @ (573)751-6471 |
| Contract #: ERS04517098 | | Amend #: 01 |

PLEASE VERIFY/COMPLETE - TYPE OR PRINT - SIGNATURE REQUIRED

| | |
|--|--------------------------|
| NAME OF ENTITY/INDIVIDUAL (Contractor) COLUMBIA/BOONE COUNTY HEALTH DEPARTMENT | |
| DOING BUSINESS AS (DBA) NAME | |
| 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 #01 To Contract #ERS04517098

CONTRACT TITLE: WIC Local Agency Nutrition Services

CONTRACT PERIOD: October 1, 2016 through September 30, 2017

The Department of Health and Senior Services hereby desires to amend the above-referenced contract.

1. Decrease funding for Special Funding 5, WIC Conference.
2. Delete the Budget Page, Attachment C, in its entirety and replace with the revised Attachment C, which is 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.

Department of Health and Senior Services
Agency Nutrition Services

BUDGET PAGE

Columbia/Boone County Health Department

The contractor shall be reimbursed for each participant provided service at a rate of \$14.00 per participant served.

Contract Dollars

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|---|-------------|
| 1. WIC Breastfeeding (Special Breastfeeding Funding 1, Attachment E)* | \$ 9,000.00 |
| 2. WIC Breastfeeding Peer Counseling (Special BFPC Funding 2, Attachment E)* | \$21,451.00 |
| 3. Breastfeeding Friendly Incentive (Special Breastfeeding Funding 3)* | \$18,000.00 |
| 4. WIC Conference (Special Funding 5)* | \$ 2,429.00 |
| 5. Administrative Services (Special Funding 6)* | \$ 0.00 |
| 6. User Acceptance Testing (UAT) (Special Funding 9, Attachment F)* | \$ 2,000.00 |

*only for approved LWP's



CONTRACT FUNDING SOURCE(S)

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.

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|------------------------|---|----------------------|-----------|----------------------|--------------------------------|
| Tracking # | 43638 | State: 0% | \$0.00 | Federal: 100% | \$469,772.00 |
| Contract Title: | WIC LOCAL AGENCY NUTRITION SERVICES | | | | |
| Contract Start: | 10/1/2016 | Contract End: | 9/30/2017 | Amend#: 01 | Contract #: ERS04517098 |
| Vendor Name: | COLUMBIA/BOONE COUNTY HEALTH DEPARTMENT | | | | |

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|----------------------------|---|-----------------------------|----------------------------|-------------|--|
| CFDA: 10.557 | Research and Development: N | | | | |
| CFDA Name: | SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN | | | | |
| Federal Agency: | DEPARTMENT OF AGRICULTURE / FOOD AND NUTRITION SERVICE | | | | |
| Federal Award: | 3MO700804-2016 | | | | |
| Federal Award Name: | WIC BREASTFDNG PEER CO | | | | |
| Federal Award Year: | 2016 | DHSS #: 17BRSTFEDWIC | Federal Obligation: | \$21,451.00 | |

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|----------------------------|---|-----------------------------|----------------------------|------------|--|
| CFDA: 10.557 | Research and Development: N | | | | |
| CFDA Name: | SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN | | | | |
| Federal Agency: | DEPARTMENT OF AGRICULTURE / FOOD AND NUTRITION SERVICE | | | | |
| Federal Award: | 3MO700704-2016 | | | | |
| Federal Award Name: | WOMEN INFANTS & CHILDREN | | | | |
| Federal Award Year: | 2017 | DHSS #: 17WICSPNDFWD | Federal Obligation: | \$2,000.00 | |

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|----------------------------|---|----------------------|----------------------------|--------------|--|
| CFDA: 10.557 | Research and Development: N | | | | |
| CFDA Name: | SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN | | | | |
| Federal Agency: | DEPARTMENT OF AGRICULTURE / FOOD AND NUTRITION SERVICE | | | | |
| Federal Award: | 3MO700704-2017 | | | | |
| Federal Award Name: | WOMEN, INFANTS AND CHILDREN (WIC) | | | | |
| Federal Award Year: | 2017 | DHSS #: 17WIC | Federal Obligation: | \$446,321.00 | |

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

Project Description:

The purpose of this contract is to provide Women, Infants, and Children (WIC) and Nutrition Services to participants.