



**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> 44045	<b>Contract Title:</b> HIV PREVENTION	
<b>Contract Start:</b> 1/1/2017	<b>Contract End:</b> 12/31/2018	<b>Questions/Please Contact:</b> PROCUREMENT UNIT @ (573)751-6471
<b>Contract #:</b> AOC17380094		<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	
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)	DUNS NUMBER
*****0810	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 AOC17380094**

**CONTRACT TITLE:** HIV Prevention

**CONTRACT PERIOD:** January 1, 2018 through December 31, 2018

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

In addition, the Missouri Department of Health and Senior Services desires to amend the contract as follows:

1. Delete paragraph 1.1 and replace with the revised paragraph 1.1 as follows:

1.1 The contract amount shall not exceed \$124,903 for the period of January 1, 2018 through December 31, 2018.

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



### 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.

<b>Tracking #</b>	44045	<b>State:</b> 0%	\$0.00	<b>Federal:</b> 100%	\$249,806.00
<b>Contract Title:</b>	HIV PREVENTION				
<b>Contract Start:</b>	1/1/2017	<b>Contract End:</b>	12/31/2018	<b>Amend#:</b>	01
<b>Vendor Name:</b>	CITY OF COLUMBIA				
<b>Contract #:</b>	AOC17380094				

<b>CFDA:</b> 93.940	<b>Research and Development:</b> N		
<b>CFDA Name:</b>	HIV PREVENTION ACTIVITIES_HEALTH DEPARTMENT BASED		
<b>Federal Agency:</b>	DEPARTMENT OF HEALTH AND HUMAN SERVICES / CENTERS FOR DISEASE CONTROL AND PREVENTION		
<b>Federal Award:</b>	6NU62PS003676-05		
<b>Federal Award Name:</b>	COMPREHENSIVE HIV PREVENTION PROJECT FOR HEALTH DEPTS		
<b>Federal Award Year:</b> 2017	<b>DHSS #:</b> PS00367605XA	<b>Federal Obligation:</b>	\$124,903.00

<b>CFDA:</b> N/A	<b>Research and Development:</b> *		
<b>CFDA Name:</b>	*		
<b>Federal Agency:</b>	*		
<b>Federal Award:</b>	*		
<b>Federal Award Name:</b>	*		
<b>Federal Award Year:</b> *	<b>DHSS #:</b> ZZZ-PENDING FOA	<b>Federal Obligation:</b>	\$124,903.00

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

**Project Description:**

To provide comprehensive Human Immunodeficiency Virus (HIV) prevention services (which may also include sexually transmitted infections [STIs] and Viral Hepatitis [VH]).