



## RENEWAL-PDMP USER AGREEMENT

This renewal agreement ("**Renewal**") is by and between **City of Columbia** ("**Subscriber**") and **St. Louis County, Missouri**, a charter county organized under the laws of the State of Missouri, on behalf of its Department of Public Health, with an address at 6121 North Hanley Road, Berkeley, MO 63134 ("**County**").

WHEREAS, **Subscriber** and **County** are parties to an agreement dated 3/20/2017, ("**Agreement**"); and

WHEREAS, the **County** has a contract with Appriss Inc. ("**Appriss**") for operation of an application for a Prescription Drug Monitoring Program ("**PDMP**"); and

WHEREAS, **County** has adopted Ordinance 26,528 (2017) as amended by 27,656 (2019) authorizing the County Executive on behalf of St. Louis County to enter into contracts with the City of St. Louis and Missouri counties, municipalities, and local public health agencies for the purposes stated herein; and

WHEREAS, **County** and **Subscriber** desire to renew the **Agreement**;

WHEREAS, **Subscriber** is authorized to enter into this **Renewal** by Ordinance \_\_\_\_\_; and

NOW, THEREFORE, in consideration of the premises and promises hereinafter, the parties agree as follows:

1. The Parties hereby ratify the renewal of the **Agreement** and the term for this **Renewal** shall continue through October 28, 2021.
2. All other terms and conditions of the **Agreement** shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this **Renewal** as of the later of the dates set forth below.

**CITY OF COLUMBIA**

Date Executed by City of Columbia: \_\_\_\_\_

By: \_\_\_\_\_

Printed Name: John Glascock

Title: City Manager

ATTEST:

\_\_\_\_\_

Sheela Amin, City Clerk

APPROVED AS TO FORM:

\_\_\_\_\_

Nancy Thompson, City Counselor/rw 

**St. Louis County Ordinance No. 26,528 (2017) as amended 27,656 (2019)**

Date Executed by St. Louis County: \_\_\_\_\_

ST. LOUIS COUNTY, MISSOURI

By: \_\_\_\_\_

Printed Name: Sam Page

Title: County Executive

Attest:

\_\_\_\_\_  
Administrative Director

Approved:

\_\_\_\_\_  
Director, Department of Public Health

Approved as to legal form:

\_\_\_\_\_  
County Counselor

I hereby certify that unencumbered balances sufficient to pay the contract sum herein remain in the appropriation account against which this obligation is to be charged.

\_\_\_\_\_  
Accounting Officer