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.

Tracking #	**Contract Title:**	
58819	LOCAL PUBLIC HEALTH AGENCY ACCREDITATION ASSISTANCE	
Contract Start:	**Contract End:**	**Questions/Please Contact:**
4/22/2026	11/30/2026	PROCUREMENT UNIT @ (573)751-6471
Contract #:		**Amend #:**
DH260058819		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 BOONE COUNTY HEALTH AND HUMAN SERVICES		
MAILING ADDRESS		
1005 WEST WORLEY STREET		P O BOX 6015
CITY, STATE, and ZIP CODE		
COLUMBIA	MO	65203
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)		UEI NUMBER
*********		WZR4KM9CBTV3
CONTRACTOR'S AUTHORIZED SIGNATURE		DATE
PRINTED NAME		TITLE
De'Carlon Seewood		City Manager
DEPARTMENT OF HEALTH AND SENIOR SERVICES DIRECTOR OF DIVISION OF ADMINISTRATION OR DESIGNEE SIGNATURE		DATE

Approved as to form:

Nancy Thompson, City Counselor/bt

AMENDMENT #01 TO CONTRACT DH260058819

CONTRACT TITLE: **Local Public Health Agency Accreditation Assistance**

CONTRACT PERIOD: **April 22, 2026, through November 30, 2026**

The Department of Health and Senior Services hereby decreases the above referenced contract; therefore Section 2.1.1 is hereby deleted in its entirety and replaced with revised Section 2.1.1 as follows:

2.1.1 The contract amount shall not exceed $61,957.46 for the period of April 22, 2026 through November 30, 2026.

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

1. Delete Attachment C in its entirety and replace with 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 above referenced contract shall remain the same and apply hereto.

Columbia-Boone County Health Department

Completed By:	Jason Wilcox	Date Completed:	10/24/2025
Contact Email:	jason.wilcox@como.gov	Contact Phone Number:	573-874-7224

Local Public Health Agency Accreditation Assistance Contract Budget

			Budget Amount		Amount Allowed for Indirect
Total Contract Amount			$ 61,957.46		
Programmatic Operational Expenses (*CAN be included in indirect*)					
Personnel Services			$ 25,850.48		$ 25,850.48
Fringe Benefits			$ 9,625.57		$ 9,625.57
Supplies			$ -		$ -
Travel			$ -		$ -
Other			$ 18,400.00		$ 18,400.00
Contractual					
	0	$ -			$ -
					$ -
					$ -
					$ -
					$ -
					$ -
Contractual Total		$ -	$ -	*Total*	$ 53,876.05
Indirect (*Administrative*) Total		15%	$ 8,081.41		
Total Programmatic Operational Expenses			$ 53,876.05		
Total Contract Budget			$ 61,957.46		
Surplus/(Deficit)			$ -		

Budget Narrative/Justification

Programmatic Operational Expenses

Personnel Services: Include *position title*, *justification*, *salary*, and *% of program hours worked*

Position Title	Justification (How does this position support the contract deliverable?)	Annual Salary	Hours Worked	Total Cost
Sara Humm, Public Health Planner	Strategic Planning		33.42	$ 13,902.72
Jason Wilcox, Public Health Planner	CHIP Implementation		43.59	$ 18,133.44
General Personnel Funding Line	Invoices outside contract			$ (6,185.68)
General Personnel Funding Line				$ -
		Personnel:		$ 25,850.48

Personnel Budget Changes

Date	Item Adjusted	Description of Change	Intra-Category Reallocations	Budget Category Reallocations

Fringe Benefits: Include *fringe benefits* as a *percentage* for personnel listed above.

Position Title	Justification (How does this position support the contract deliverable?)	Percentage	Total Cost
Sara Humm, Public Health Planner	Strategic Planning		$ 5,422.06
Jason Wilcox, Public Health Planner	CHIP Implementation		$ 6,528.04
General Fringe Funding Move	Invoices Outside contract period		$ (2,324.53)
General Fringe Funding Line			$ -
		Fringe:	$ 9,625.57

Fringe Budget Changes

Date	Item Adjusted	Description of Change	Intra-Category Reallocations	Budget Category Reallocations

Supplies: Include all *supply purchases* including *general office supplies (paper, pens, etc.) toner cartridges, and program supplies*.

Item Name / Description	Justification (How does this position support the contract deliverable?)	Per Unit Cost	Quantity	Total Cost
				$ -
		Supplies:		$ -

Supplies Budget Changes

Date	Item Adjusted	Description of Change	Intra-Category Reallocations	Budget Category Reallocations

Travel: Include all *travel anticipated* and include *hotel*, *meals*, and *mileage* according to agency policy or CONUS rate (whichever is lower).

Destination / Conference	Justification (How does this position support the contract deliverable?)	Cost Breakdown	Total Cost
		Travel:	$ -

Travel Budget Changes

Date	Item Adjusted	Description of Change	Intra-Category Reallocations	Budget Category Reallocations

Other: Include any *other expenditures* that cannot be classified above and include *expense details* (quantities, unit price, etc.)			
Item Name	*Justification (How does this position support the contract deliverable?)*	*Cost Breakdown*	*Total Cost*
Annual PHAB Fee		8400	$ 8,400.00
VMSG Dashboard	accreditation management software	10000	$ 10,000.00
		Other:	$ 18,400.00

Other Budget Changes				
Date	*Item Adjusted*	*Description of Change*	*Intra-Category Reallocations*	*Budget Category Reallocations*

Contractual: Include *contractor name*, *period of performance*, *method of accountability*, *scope of work*, and *estimated amount*.			
Contractor Name	*Justification (How does this position support the contract deliverable?)*	*Period of Performance, Accountability, Scope*	*Estimated Amount*
		Contractual:	$ -

Contactual Budget Changes				
Date	*Item Adjusted*	*Description of Change*	*Intra-Category Reallocations*	*Budget Category Reallocations*