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:	
56957	DISEASE INTERVENTION SPECIALIST WORKFORCE PROGRAM	
Contract Start: 1/1/2025	**Contract End:** 2/28/2027	**Questions/Please Contact:** PROCUREMENT UNIT @ (573)751-6471
Contract #: DH250056957		**Amend #:** 02

PLEASE VERIFY/COMPLETE - TYPE OR PRINT - SIGNATURE REQUIRED

NAME OF ENTITY/INDIVIDUAL (Contractor) CITY OF COLUMBIA	
DOING BUSINESS AS (DBA) NAME	
MAILING ADDRESS 701 EAST BROADWAY	P O BOX 6015
CITY, STATE, and ZIP CODE COLUMBIA MO	65205
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 RR	DATE
PRINTED NAME De'Carlon Seewood	TITLE 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 #02 TO CONTRACT DH250056957

CONTRACT TITLE: **Disease Intervention Specialist Workforce Program**

CONTRACT PERIOD: **March 1, 2026 through February 28, 2027**

The Department of Health and Senior Services hereby exercises its option to renew the above referenced contract; therefore Section 1.1 is hereby deleted in its entirety and replaced with revised Section 1.1 as follows:

1.1 The contract amount shall not exceed $401,065.48 for the period of March 1, 2026 through February 28, 2027.

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

1. Delete Section 4.1 in its entirety.

2. Delete Section 5.4.2 and sub-section (a) in their entirety and replace with revised Section 5.4.2 and sub-section (a) as follows:

   5.4.2 The Contractor shall not bill the Department for indirect costs that exceed fifteen percent (15%) of the modified total direct costs as defined in 2 CFR § 200.1.

   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 $50,000 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 $50,000. 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.

3. Add sub-section (a) to Section 6.3 as follows:

   Section 6.3 (a) The Contractor shall include the following certification statement on any invoice submitted to the Department:

   1) "I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812."

4. Delete Section 6.5 in its entirety and replace with revised Section 6.5 as follows

6.5 The Contractor shall submit all invoices and reports to:

Missouri Department of Health and Senior Services
Bureau of HIV, STD, and Hepatitis
P.O. Box 570
Jefferson City, MO 65102-0570
Email: BHSH@health.mo.gov

5. Delete Attachment C, Subrecipient Annual Report, in its entirety.

6. Delete Attachment D in its entirety and replace with revised Attachment D 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.

Budget

Disease Intervention specialist Workforce

Columbia/Boone County Public Health and Human Services

Personnel Services					**$ 244,283.99**
	Position Title/Classification	Quantity	Unit Price	Total	
1	Manager	0.85	$ 91,272.00	$ 77,581.20	
2	Admin Tech 2	0.83	$ 41,413.00	$ 34,372.79	
3	Disease Intervention Specialist	2	$ 66,165.00	$132,330.00	
Fringe Benefits					**$ 95,553.18**
	Position Title/Classification	Percent	Rate	Total	
1	Manager	0.35	$ 77,581.20	$ 27,153.42	
2	Admin Tech 2	0.45	$ 34,372.79	$ 15,467.76	
3	Disease Intervention Specialists (2)	0.4	$ 132,330.00	$ 52,932.00	
Supplies					**$ 960.00**
	Description/Classification	Quantity	Unit Price	Total	
1	Cell phones	2	$ 480.00	$ 960.00	
Training Expenses					**$ -**
	List Expenses	Quantity	Unit Price	Total	
1				$ -	
Travel Expenses					**$ 7,955.43**
	List Expenses	Quantity	Unit Price	Total	
1	Mileage	10973	$ 0.73	$ 7,955.43	
Other Miscellaneous Expenses					**$ -**
	List Expenses	Quantity	Unit Price	Total	
1				$ -	
Modified Total Direct Costs (MTDC) Exclusions (equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, and participant support costs)					**$ -**
	List Expenses	Quantity	Unit Price	Total	
1				$ -	
Subcontractors					**$ -**
	List Subcontractor	Quantity	Unit Price	Total	
1				$ -	
Indirect Costs			Enter Rate here:	**15.00%**	**$ 52,312.89**
Contract Total					**$ 401,065.48**

Budget Narrative/Justification

Personnel Services
.85 FTE HIV/DIS Manager =$ 77,581.20 ; 2.0 FTE @ $66,165= $132,330; and .83 FTE Administration Tech 2 =$34,372.79 Total: $77,581.20 +$132,330 +$34,372.79= $244, 283.99
Fringe Benefits
.85 FTE HIV/DIS Manager $77,581.20 x .35 benefit rate =$ 27,153.42; 2.0 FTE DIS @ $132,330 x .40 benefit rate=$52,932; and .83 FTE Administration Tech @ $34,372.79 x .45 benefit rate=$15,467.76 Total: $27,153.42 +$52,932+$15,467.76= $95,553.18
Supplies
City of Columbia cell phones at $40/month for 2 FTE=$960
Training Expenses
Travel Expenses
10, 973 miles at $.725/mile = $7955.43
Other Miscellaneous Expenses
MTDC Exclusions
Subcontractors

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

Revised-Dec 2024

CONTRACTOR INDIRECT BUDGET SUMMARY

CONTRACTOR INFORMATION

Contractor Name:
Columbia/Boone County Public Health and Human Services

Contract Name:
Disease Intervention specialist Workforce

Category	Budget	Allowed Amount (formulas - do not enter amounts)	Category	Budget	Allowed Amount (formulas - do not enter amounts)
Personnel Services	$ 244,283.99	$244,283.99	Exclusions*	$ -	$0.00
Fringes	$ 95,553.18	$95,553.18	Subaward 1	$ -	$0.00
Supplies	$ 960.00	$960.00	Subaward 2		$0.00
Training	$ -	$0.00	Subaward 3		$0.00
Travel	$ 7,955.43	$7,955.43	Subaward 4		$0.00
Other	$ -	$0.00	Subaward 5		$0.00
	$348,752.59	**$348,752.59**		$ -	**$0.00**
DIRECT COSTS TOTAL (total direct costs):					**$348,752.59**
Contract Indirect Rate:	**15.00%**	**Total Direct Allowable:**		**$348,752.59**	
Total excludes all equipment and any subaward amounts over $50,000.00					
INDIRECT TOTAL (total direct allowable multiplied by contract indirect rate):					**$52,312.89**
BUDGET TOTAL (direct costs total plus indirect total):					**$401,065.48**

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 #	56957	**State:** 0% $0.00	**Federal:** 100% $868,975.60
Contract Title:	DISEASE INTERVENTION SPECIALIST WORKFORCE PROGRAM		
Contract Start:	1/1/2025 **Contract End:** 2/28/2027	**Amend#:** 02	**Contract #:** DH250056957
Vendor Name:	CITY OF COLUMBIA		

CFDA:	93.977	**Research and Development:** N		
CFDA Name:	PREVENTIVE HEALTH SERVICES_SEXUALLY TRANSMITTED DISEASES CONTROL GRANTS			
Federal Agency:	DEPARTMENT OF HEALTH AND HUMAN SERVICES / CENTERS FOR DISEASE CONTROL AND PREVENTION			
Federal Award:	6NH25PS005142-03			
Federal Award Name:	STRENGTHENING STD PREVENTION AND CONTROL FOR HEALTH DEPARTMENTS (STD PCHD)			
Federal Award Year:	2021	**DHSS #:** PS005142-03A	**Federal Obligation:**	$467,910.12

CFDA:	93.977	**Research and Development:** N		
CFDA Name:	PREVENTIVE HEALTH SERVICES_SEXUALLY TRANSMITTED DISEASES CONTROL GRANTS			
Federal Agency:	DEPARTMENT OF HEALTH AND HUMAN SERVICES / CENTERS FOR DISEASE CONTROL AND PREVENTION			
Federal Award:	6NH25PS005142-04			
Federal Award Name:	STRENGTHENING STD PREVENTION AND CONTROL FOR HEALTH DEPARTMENTS (STD PCHD)			
Federal Award Year:	2022	**DHSS #:** PS005142-04A	**Federal Obligation:**	$401,065.48

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

Project Description:

Sexually Transmitted disease Prevention and Control strategies and activities are to prevent and control chlamydia, gonorrhea, syphilis and other communicable diseases according to Center for disease Control Sexually Transmitted disease Prevention and Control grant.