



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**PROGRAM SERVICES CONTRACT**

Exhibit A

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> 12/31/2019	<b>Questions/Please Contact:</b> PROCUREMENT UNIT @ (573)751-6471
<b>Contract #:</b> AOC17380094		<b>Amend #:</b> 03

**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) ****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

ATTEST:

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Sheela Amin, City Clerk

APPROVED AS TO FORM:

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Nancy Thompson, City Counselor

*NT*

**AMENDMENT # 03 TO CONTRACT # AOC17380094**

**CONTRACT TITLE:** HIV Prevention

**CONTRACT PERIOD:** January 1, 2019 through December 31, 2019

The Missouri Department of Health and Senior Services desires to renew the above referenced contract.

Additionally, the Missouri Department of Health and Senior Services desires to amend the above referenced contract as follows:

1. Delete section 1.1 in its entirety and replace as follows:
  - 1.1 The contract amount shall not exceed \$114,911.00 for the period of January 1, 2019 through December 31, 2019.

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