



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.

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><br>50115          | <b>Contract Title:</b><br>SHOW ME HEALTHY WOMEN |  |
| <b>Contract Start:</b><br>6/30/2021 | <b>Contract End:</b><br>6/29/2022               | <b>Questions/Please Contact:</b><br>PROCUREMENT UNIT @ (573)751-6471 |
| <b>Contract #:</b><br>ERS16150115   |   | <b>Amend #:</b><br>01  |

**PLEASE VERIFY/COMPLETE - TYPE OR PRINT - SIGNATURE REQUIRED**

|  |                          |
|--|--------------------------|
| NAME OF ENTITY/INDIVIDUAL (Contractor)<br>THE CITY OF COLUMBIA   |                          |
| DOING BUSINESS AS (DBA) NAME<br>COLUMBIA/BOONE COUNTY PUBLIC HEALTH AND HUMAN SERVICES                   |                          |
| MAILING ADDRESS<br>1005 WEST WORLEY P O BOX 6015   |                          |
| CITY, STATE, and ZIP CODE<br>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)<br>*****0810  | DUNS NUMBER<br>071989024 |
| CONTRACTOR'S AUTHORIZED SIGNATURE  | DATE                     |
| PRINTED NAME   | TITLE                    |
| DEPARTMENT OF HEALTH AND SENIOR SERVICES<br>DIRECTOR OF DIVISION OF ADMINISTRATION OR DESIGNEE SIGNATURE | DATE                     |

**Amendment # 01 for Contract ERS16150115  
City of Columbia**

**Contract Title:** Show Me Healthy Women

**Contract Period:** June 30, 2021 through June 29, 2022

1. The Department of Health and Senior Services hereby increase the above referenced contract by \$2,000.00; 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 \$5,000.00 for the period of June 30, 2021 through June 29, 2022.

2. Delete Section 5.1 in its entirety and replace with revised Section 5.1 as follows:

5.1 Claims under the contract shall not exceed the Total Breast and Cervical Cancer Screening/Diagnostic Funding (“Total Funding”) of \$5,000.00 At the beginning of each quarter, one-fourth of the Total Funding will be available for the Contractor’ use. Contractors shall request prior approval from SMHW central office staff if they need to exceed one-fourth of the total before the end of the first three quarters. Quarters are defined as:

June 30 through September 30;  
October 1 through December 31;  
January 1 through March 31; and  
April 1 through June 29

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) 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.

|                        |                       |                      |           |                     |            |
|------------------------|-----------------------|----------------------|-----------|---------------------|------------|
| <b>Tracking #</b>      | 50115                 | <b>State:</b> 18%    | \$887.30  | <b>Federal:</b> 82% | \$4,112.70 |
| <b>Contract Title:</b> | SHOW ME HEALTHY WOMEN |                      |           |                     |            |
| <b>Contract Start:</b> | 6/30/2021             | <b>Contract End:</b> | 6/29/2022 | <b>Amend#:</b>      | 01         |
| <b>Vendor Name:</b>    | THE CITY OF COLUMBIA  |                      |           |                     |            |

|                                 |  |
|---------------------------------|--|
| <b>CFDA:</b> 93.898             | <b>Research and Development:</b> N   |
| <b>CFDA Name:</b>               | CANCER PREVENTION AND CONTROL PROGRAMS FOR STATE, TERRITORIAL AND TRIBAL ORGANIZATIONS |
| <b>Federal Agency:</b>          | DEPARTMENT OF HEALTH AND HUMAN SERVICES / CENTERS FOR DISEASE CONTROL AND PREVENTION   |
| <b>Federal Award:</b>           | 5NU58DP006299-05   |
| <b>Federal Award Name:</b>      | CANCER PREVENTION AND CONTROL PROGRAMS FOR STATE, TERRITORIAL AND TRIBAL ORGANIZATIONS |
| <b>Federal Award Year:</b> 2021 | <b>DHSS #:</b> DP171701-05B  |
|                                 | <b>Federal Obligation:</b> \$4,112.70  |

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

**Project Description:**  
TO OPERATE SHOW ME HEALTHY WOMEN