

**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> 42099	<b>Contract Title:</b> TEEN OUTREACH PROGRAM (TOP)	
<b>Contract Start:</b> 10/1/2015	<b>Contract End:</b> 9/30/2017	<b>Questions/Please Contact:</b> PROCUREMENT UNIT @ (573)751-6471
<b>Contract #:</b> AOC16380061		<b>Amend #:</b> 01

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

NAME OF ENTITY/INDIVIDUAL (Contractor) COLUMBIA/BOONE COUNTY HEALTH DEPARTMENT	
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

**AMENDMENT #001 TO CONTRACT #AOC16380061**

**CONTRACT TITLE:** Teen Outreach Program

**CONTRACT PERIOD:** October 1, 2016 through September 30, 2017

The Department of Health and Senior Services hereby exercises the option to renew the above referenced contract for the period of October 1, 2016 through September 30, 2017.

In addition, the Department of Health and Senior Services hereby amends the following:

1. Delete Section 1.1 in its entirety and replace with revised Section 1.1 as follows:
  - 1.1 The contract amount shall not exceed \$43,869.00 for the period of October 1, 2016 through September 30, 2017.
2. Add Section 1.4 as follows:
  - 1.4 This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the grant number, title, and amount listed in the Contract Funding Source(s) enclosure provided with this contract and zero percentage is/was financed with nongovernmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
3. Delete Section 5.6 in its entirety and replace with revised Section 5.6 and add Sections 5.6.1 and 5.6.2 as follows:
  - 5.6 The Contractor shall invoice and be reimbursed for actual and reasonable travel expenses either at the Contiguous US Per Diem Rates (CONUS) or the travel reimbursement rates set by the Contractor's internal policy, whichever is lower.
  - 5.6.1 The Contractor must have the prior written approval of the Department for any travel related expenses which may exceed the CONUS rates.
  - 5.6.2 The Contiguous US Per Diem Rates (CONUS) can be found by clicking on the link for "Per Diem Rates" at the following Internet address: <http://www.gsa.gov>.
4. Add Section 5.8 follows:
  - 5.8 The Contractor shall maintain records for salary and wages charged under the contract that accurately reflect the work performed.

5. Delete Section 6.10 in its entirety and replace with revised Section 6.10 and 6.10.1 as follows:

6.10 If the Contractor is overpaid by the Department, the Contractor shall provide the Department (1) with a check payable as instructed by the Department or (2) deduct the overpayment from an invoice as requested by the Department.

6.10.1 For payment by check, the Contractor shall issue a check made payable to “DHSS-DA-Fee Receipts” and mail the check to:

Missouri Department of Health and Senior Services  
Division of Administration, Fee Receipts  
P.O. Box 570  
920 Wildwood Drive  
Jefferson City, Missouri 65102-0570

6. Add Section 6.11 as follows:

6.11 Other than the payments and reimbursements specified above, no other payments or reimbursements shall be made to the Contractor.

7. Delete Section 11.2 in its entirety and replace with revised Section 11.2 as follows:

11.2 The Contractor shall maintain strict confidentiality of all patient and client information or records supplied to it by the Department or that the Contractor creates as a result of contract activities. Unless disclosure is required by law, the Contractor shall not disclose the contents of such records to anyone other than the Department, the patient/client, or the patient’s/client’s parent or legal guardian. The Contractor agrees it will assume liability for all disclosures of confidential information and breaches by the Contractor and/or the Contractor’s subcontractors and employees. The Contractor agrees to comply with all applicable confidentiality and information security laws, including but not limited to sections 192.067 and 192.667, RSMo.

8. Add Section 12.3 as follows:

12.3 The Contractor shall understand and agree that the Department cannot save and hold harmless and/or indemnify the Contractor or employees against any liability incurred or arising as a result of any activity of the Contractor or any activity of

the Contractor's employees related to the Contractor's performance under the contract.

9. Delete Sections 13.2 through 13.2.2 in its entirety.
10. Add Sections 13.4 and 13.4.1 as follows:
  - 13.4 The Contractor shall include the below language when issuing statements, press releases, requests for proposals, bid solicitations, and other Health Resources and Services Administration (HRSA) supported publications and forums describing projects or programs funded in whole or in part with HRSA funding, including websites. Examples of HRSA-supported publications include, but are not limited to manuals, toolkits, resource guides, case studies and issues briefs.
    - 13.1.1 This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (*specify grant number, title, subaward amount and percentage financed with nongovernmental sources*). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
11. Delete Attachments D and F in its entirety and replace with revised Attachments D and F, which is attached hereto and is incorporated by reference as if fully set forth herein.
12. Delete Attachment G in its entirety.

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

### TOP Program Summary

**A Program Summary for the evidence-based teen pregnancy prevention program offered should be submitted using this form.**

The offeror should list each time the entire multi-session evidence-based teen pregnancy prevention program is proposed to be conducted during the first contract period. For each entire multi-session evidence-based teen pregnancy prevention program, identify the facilitator, county/community, address/location, target population, and the proposed number of adolescents to be served.

<b>Funding</b>	<b>Proposed Dates/ Timeframe</b>	<b>Facilitator</b>	<b>County/ Community Where Program is Implemented</b>	<b>Address/Location</b>	<b>Target Population (age, grade, race/ethnicity, designate specific age range, e.g. 12-14, 15-17, etc.)</b>	<b>Proposed Number of Adolescents Served</b>
MCH	September 2016 – May 2017	Sarah Varvaro Ravin Palmer	Boone -Columbia	Battle High School	15-17	15
MCH	September 2016 – May 2017	Clara Umbe Ravin Palmer	Boone -Columbia	Rock Bridge High School	15-17	15
MCH	September 2016 – May 2017	Clara Umbe Ravin Palmer	Boone -Columbia	Hickman High School	15-17	15
MCH	September 2016 – May 2017	Clara Umbe Ravin Palmer	Boone -Columbia	Douglass High School	15-17	10
MCH	September 2016 – May 2017	Sarah Varvaro Ravin Palmer	Boone - Harrisburg	Harrisburg High School	15-17	15
MCH	September 2016 – May 2017	Sarah Varvaro Ravin Palmer	Boone - Sturgeon	Sturgeon High School	15-17	15
MCH	September 2016 – May 2017	Clara Umbe Ravin Palmer	Boone -Columbia	Jefferson Middle School	12-14	15

MCH	September 2016 – May 2017	Clara Umbe Ravin Palmer	Boone -Columbia	Oakland Middle School	12-14	15
MCH	September 2016 – May 2017	Sarah Varvaro Ravin Palmer	Boone - Harrisburg	Harrisburg Middle School	12-14	15
MCH	September 2016 – May 2017	Sarah Varvaro Jennifer Lampe	Boone - Columbia	Smithton Middle School 1	12-14	10
MCH	September 2016 – May 2017	Sarah Varvaro Jennifer Lampe	Boone - Columbia	Smithton Middle School 2	12-14	10
<b>Totals</b>						155

**TOP BUDGET / PRICE ANALYSIS**

The offeror should complete the following table in sufficient detail for information regarding the services proposed

<b>Budget Categories:</b>	<b>Justification:</b>	<b>Funding Requested:</b>
<b>Personnel Costs</b> <i>(hourly wage, salaries, and fringe benefits)</i>	<i>To support program coordination, management, and implementation.</i> <i>-TOP facilitator for 5 TOP clubs (14hrs per week).</i> <i>-TOP coordinator time provided in-kind.</i> <i>-TOP facilitator for the remaining 6 clubs (25 hrs per week) is funded through another funding source (Boone County Children Services).</i>	
	<b>Total Personnel Costs</b>	\$19,669.44
<b>Travel Expenses</b> <i>(mileage, transportation, lodging, meals)</i>	<i>- Van rentals for service projects and club events</i> <i>- Mileage reimbursement for facilitators</i> <i>- Travel, lodging, and meals for training trips for facilitators</i>	
	<b>Total Travel Costs</b>	\$1,850.00
<b>Education Program Costs</b> <i>(curriculum materials, registration/ training fees, background checks, supplies, etc)</i>	<i>For program implementation supplies including</i> <i>- Club supplies (journals, flip charts, markers, etc)</i> <i>- Lesson materials</i> <i>- Weekly snacks</i> <i>- Service event costs</i> <i>- End of the year recognition event</i>	
	<b>Total Education Program Costs</b>	\$9,100.00
<b>Other Subcontractoral Costs</b> <i>(Facilitators to implement programs, etc.)</i>	<i>Supports CHALIS staff (including 1 trained facilitator) to facilitate or co-facilitate 9 clubs (five clubs will be supported by Boone County Children Services funding).</i>	\$10,000.00
<b>Subtotal of all Budget Categories Above/Direct Costs</b>		\$40,619.44
<b>Indirect Costs</b>	<i>(Not to exceed 8% of the direct contract costs billed.)</i>	\$3,249.56
<b>Guaranteed not-to-exceed total annual price</b>		<b>\$43,869.00</b>



### CONTRACT FUNDING SOURCE(S)

The Contract Funding Source(s) is supplemental information the Department is required to provide the Contractor when issuing a contract or amendment that will be funded by federal sources. The document identifies the total amount of funding and the federal funding source(s) expected to be used over the life of this contract. For the specific amount for a contract period, refer to the contract and/or applicable amendments. If the funding information is not available at the time the contract is issued or the information below changes, 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>	42099	<b>State:</b> 0%	\$0.00	<b>Federal:</b> 100%	\$87,738.00
<b>Contract Title:</b>	TEEN OUTREACH PROGRAM (TOP)				
<b>Contract Start:</b>	10/1/2015	<b>Contract End:</b>	9/30/2017	<b>Amend#:</b>	01
<b>Contract #:</b>	AOC16380061				
<b>Vendor Name:</b>	COLUMBIA/BOONE COUNTY HEALTH DEPARTMENT				

<b>CFDA:</b> 93.994	<b>Research and Development:</b>	N			
<b>CFDA Name:</b>	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT TO THE STATES				
<b>Federal Agency:</b>	DEPARTMENT OF HEALTH AND HUMAN SERVICES / HEALTH RESOURCES AND SERVICES ADMINISTRATION				
<b>Federal Award:</b>	1B04MC29350-01, 6B04MC29350-01				
<b>Federal Award Name:</b>	MATERNAL AND CHILD HEALTH SERVICES				
<b>Federal Award Year:</b>	2016	<b>DHSS #:</b>	16MCH	<b>Federal Obligation:</b>	\$43,869.00

<b>CFDA:</b> 93.994	<b>Research and Development:</b>	N			
<b>CFDA Name:</b>	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT TO THE STATES				
<b>Federal Agency:</b>	DEPARTMENT OF HEALTH AND HUMAN SERVICES / HEALTH RESOURCES AND SERVICES ADMINISTRATION				
<b>Federal Award:</b>	*				
<b>Federal Award Name:</b>	*				
<b>Federal Award Year:</b>	2017	<b>DHSS #:</b>	HRSA-17-005	<b>Federal Obligation:</b>	\$43,869.00

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

**Project Description:**

To implement the Teen Outreach Program (TOP) evidence-based teen pregnancy prevention program.