

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.

Tracking #	Contract Title:	
46416	MATERNAL CHILD HEALTH SERVICES	
Contract Start:	Contract End:	Questions/Please Contact:
10/1/2018	9/30/2020	PROCUREMENT UNIT @ (573)751-6471
Contract #:		Amend #:
AOC19380199		01

PLEASE VERIFY/COMPLETE - TYPE OR PRINT - SIGNATURE REQUIRED

NAME OF ENTITY/INDIVIDUAL (Contractor)			
THE CITY OF COLUMBIA			
DOING BUSINESS AS (DBA) NAME			
COLUMBIA/BOONE COUNTY PUBLIC HEALTH AN	O HUMAN SERVICES		
MAILING ADDRESS			
1005 WEST WORLEY	P Q BOX 6015		
CITY, STATE, and ZIP CODE			
COLUMBIA	10 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)	DUNS NUMBER		
*****0810	071989024		
CONTRACTOR'S AUTHORIZED SIGNATURE	DATE		
PRINTED NAME	TITLE		
DEPARTMENT OF HEALTH AND SENIOR SERVICES	DATE		
DIRECTOR OF DIVISION OF ADMINISTRATION OR DESIGNEE	SIGNATURE		
	Approved as to form		
	Approved as to form:		

City Counselor (), () DH-70/71

AMENDMENT #1 TO CONTRACT AOC19380199

Contract Title: Maternal Child Health Services

Contract Period: October 1, 2019 through September 30, 2020

The Department of Health and Senior Services hereby exercise its option to renew the above referenced contract.

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

- 1. Delete paragraph 1.1 in its entirety and replace with revised paragraph 1.1 as follows:
 - 1.1 The contract amount shall not exceed \$68,354.53 for the period of October 1, 2019 through September 30, 2020.
- 2. Delete paragraph 1.6 in its entirety and replace with revised paragraph 1.6 as follows:
 - 1.6 Unless otherwise stated in this contract, the Contractor shall use the below information for any correspondence regarding this contract:

Program Name: Maternal Child Health

Program Contact: Jaime Young

Address: 920 Wildwood, Jefferson City Mo 65109

Phone: 573-522-2731

Email: Jaime. Young@health.mo.gov

- 3. Delete paragraph 7.1 in its entirety and replace with revised paragraph 7.1 as follows:
 - 7.1 The Department will reimburse the Contractor for an amount not to exceed the total contract amount for only the allowable costs in the following budget categories: Personnel Services, Fringe Benefits, Travel, Supplies, Equipment, Rental and Leases, Other, and Indirect Costs.
- 4. Delete paragraph 8.3.1 in its entirety and replace with revised paragraph 8.3.1 as follows:
 - 8.3.1 The Contractor shall submit the Vendor Request for Payment Form as follows:

Via email to:

mchservicesProgram@health.mo.gov

OR by mail to:

Missouri Department of Health and Senior Services Division of Community and Public Health Section for Women's Health MCH Services Program P.O. Box 570 Jefferson City, MO 65102-0570

OR by fax to:

573-751-5350

5. Delete Section 18, Subcontracting, in its entirety.

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



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.

Contract Title: MATERNAL CHILD HEALTH SERVICES

Contract Start: 10/1/2018 Contract End: 9/30/2020 Amend#: 01 Contract #: AOC19380199

Vendor Name: THE CITY OF COLUMBIA

CFDA: 93.994 Research and Development: N

CFDA Name: MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT TO THE STATES

Federal Agency: DEPARTMENT OF HEALTH AND HUMAN SERVICES / HEALTH RESOURCES AND SERVICES ADMINISTRATION

Federal Award: 1B04MC32553-01, 6B04MC32553-01

Federal Award Name: MATERNAL AND CHILD HEALTH SERVICES

Federal Award Year: 2019 DHSS #: 19MCH Federal Obligation: \$65,967.79

CFDA: 93.994 Research and Development: N

CFDA Name: MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT TO THE STATES

Federal Agency: DEPARTMENT OF HEALTH AND HUMAN SERVICES / HEALTH RESOURCES AND SERVICES ADMINISTRATION

Federal Award: *

Federal Award Year: 2020 DHSS #: HRSA-20-001 Federal Obligation: \$68,354.53

Project Description:

Federal Award Name:

To support a leadership role for local public health agencies within coalitions and partnerships at the local level to build Maternal Child Health systems and expand the resources those systems can use to respond to priority health issues.

Friday, September 27, 2019 MO 580-3018 (5-12) 11:38:01 AM

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