

Commission Order # _____

AGREEMENT FOR PURCHASE OF SERVICES
Contract Amendment Number One
Live Well Boone County

Now on this day, December _____, 20____, Purchase Agreement **36-13SEP18** for the Community Health/Medical Fund dated January 24, 2019 made by and between Boone County, Missouri and City of Columbia, for and in consideration of the performance of the respective obligations of the parties set forth herein, is amended as follows:

- 1) Extend the contract for one (1) additional year beginning January 1, 2021 and ending on December 31, 2021
- 2) ADD a renewal of funding for the following:

SERVICE DESCRIPTION	UNIT MEASUREMENT	UNIT RATE	# OF UNITS	TOTAL AMOUNT REQUESTED
Health Education (LWBF)	1 session/person	\$45.46	900	\$40,914.00
Physical Health Assessment	1 assessment	\$10.81	500	\$5,405.00
Public Awareness/Education	15 minutes	\$14.36	2,680	\$38,484.80
Consultation	15 minutes	\$29.41	150	\$4,411.50
Best Practices Training	1 individual	\$59.40	150	\$8,910.00
Public Awareness/Education (E-Cigarette Campaign)	\$1.00	\$1.00	14,534.02	\$14,534.02
Public Awareness/Education (E-Cigarette Presentations)	1 individual	\$1.55	2,307	\$3,575.85
Health Education (Cooking Matters)	1 individual	\$18.33	30	\$549.90
Total Renewal Amount	\$116,785.07			

- 3) Except as specifically amended hereunder, all other terms, conditions and provisions of the original agreement shall remain in full force and effect.

IN WITNESS WHEREOF the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

City of Columbia

Boone County, Missouri

By: Boone County Commission

By: _____

Signature

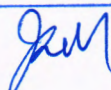
By: _____

Printed Name

Daniel K. Atwill, Presiding Commissioner

Approved as to form:

City Counselor



SKB

APPROVED AS TO FORM:

ATTEST:

County Counselor

County Clerk

AUDITOR CERTIFICATION:

In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

_____ Signature	_____ Date	2132 / 71106 / \$116,785.07 Appropriation Account
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STATES SELF-INSURERS RISK RETENTION GROUP, INC.
222 South Ninth St Suite 2700
Minneapolis, MN 55402-3332
(612) 766-3000

CERTIFICATE OF INSURANCE

Insured: City of Columbia, MO PO Box 6015 Columbia MO 65205	This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by the policy(ies) below. This certificate of insurance does not constitute a contract between the issuing insurer, authorized representative or producer, and the certificate holder.										
IMPORTANT: If the certificate holder is an Additional Insured, the policy(ies) must be endorsed. If Subrogation is waived, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
Coverages: <p style="margin-left: 40px;">This is to certify that the policy(ies) of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policy(ies) described herein is subject to all the terms, exclusions, and conditions of such policy(ies). Limits shown may have been reduced by paid claims.</p>											
Type of Insurance:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Policy Number</th> <th style="text-align: left; border-bottom: 1px solid black;">Effective Date</th> <th style="text-align: left; border-bottom: 1px solid black;">Expiration Date</th> <th style="text-align: left; border-bottom: 1px solid black;">Limits Occurrence</th> <th style="text-align: left; border-bottom: 1px solid black;">Limits Aggregate</th> </tr> </thead> <tbody> <tr> <td>Public Entity Excess Liability including Error or Omission Liability Coverage.</td> <td>3000030-4</td> <td>10/1/2020</td> <td>10/1/2021</td> <td>\$3,000,000 \$10,000,000</td> </tr> </tbody> </table>	Policy Number	Effective Date	Expiration Date	Limits Occurrence	Limits Aggregate	Public Entity Excess Liability including Error or Omission Liability Coverage.	3000030-4	10/1/2020	10/1/2021	\$3,000,000 \$10,000,000
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Public Entity Excess Liability including Error or Omission Liability Coverage.	3000030-4	10/1/2020	10/1/2021	\$3,000,000 \$10,000,000							
Retroactive Date: Occurrence Form Policy											
Description of Operations/Locations/Vehicles/Special Terms: Proof of insurance for city departmental activities.											
Certificate Holder:	CANCELLATION: Should the above described policy be cancelled before the expiration date thereof, notice will be delivered according to policy provisions.										
Self-Insured Retention: \$750,000	Authorized Representative: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="border-top: 1px solid black; width: 60%; text-align: center;"> Signature </div> <div style="text-align: right;"> 9/22/2020 Date </div> </div>										