



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.

| | | |
|------------------------------------|--|--|
| Tracking # 57594 | Contract Title: PUBLIC HEALTH EMERGENCY PREPAREDNESS | |
| Contract Start: 7/1/2025 | Contract End: 6/30/2026 | Questions/Please Contact: PROCUREMENT UNIT @ (573)751-6471 |
| Contract #: DH260057594 | | Amend #: 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 AND HUMAN SERVICES | |
| MAILING ADDRESS 1005 WEST WORLEY STREET 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) ***** | UEI NUMBER WZR4KM9CBTV3 |
| CONTRACTOR'S AUTHORIZED SIGNATURE | DATE |
| PRINTED NAME De'Carlton Seewood | TITLE City Manager |
| DEPARTMENT OF HEALTH AND SENIOR SERVICES DIRECTOR OF DIVISION OF ADMINISTRATION OR DESIGNEE SIGNATURE | DATE |

Approved as to form:

AMENDMENT #01 TO CONTRACT DH260057594

CONTRACT TITLE: Public Health Emergency Preparedness

CONTRACT PERIOD: July 1, 2025 through June 30, 2026

The Department of Health and Senior Services hereby increases the above referenced contract; therefore Section 2.1.1 is hereby deleted in its entirety and replaced with revised Section 2.1.1 as follows:

2.1.1 The contract amount shall not exceed \$170,081.00 for the period of July 1, 2025 through June 30, 2026.

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

1. Delete Attachment E in its entirety and replace with revised Attachment E, which is attached hereto and is incorporated by reference as if fully set forth herein.

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

| COLUMBIA BOONE COUNTY HEALTH DEPARTMENT Public Health Emergency Preparedness Budget FY26 (July 1, 2025 - June 30, 2026) | | |
|--|-------------------|--|
| Category | Budget | Automatic adjustment for costs allowed for Indirect Calculation (for calculation purposes only) |
| Personnel Services | 117,813.18 | 117,813.18 |
| Fringe Benefits | 35,343.95 | 35,343.95 |
| Travel | | 0.00 |
| Equipment (*see definition below) | | |
| Supplies | | 0.00 |
| Other | 1,461.96 | 1,461.96 |
| Contractual | | |
| Subcontractor #1 (Enter Name) | | 0.00 |
| Subcontractor #2 (Enter Name) | | 0.00 |
| Subcontractor #3 (Enter Name) | | 0.00 |
| Subcontractor #4 (Enter Name) | | 0.00 |
| Subcontractor #5 (Enter Name) | | 0.00 |
| Total Direct Costs | 154,619.09 | |
| Indirect (Administrative) Cost | 15,461.91 | |
| TOTAL CONTRACT | 170,081.00 | |
| Allowed cost for the calculation of Indirect (Administrative) Costs: | | 154,619.09 |
| If your organization does not have an approved federally negotiated Indirect Cost Rate, enter rate you are requesting. | | 10.00% |
| Does your organization have an approved federally negotiated Indirect Cost Rate? (Enter Yes or No) | | No |

| | |
|--|--|
| your Indirect (Administrative) Costs in accordance with your federally negotiated rate. Enter the allowed Indirect (Administrative) Cost in the blue cell C27. Attach a copy of your approved Indirect Cost Rate agreement. | N/A |
| | |
| 1. How many FTE's** are employed by your entire agency? | 102.00 |
| 2. Of these FTE's how many are funded only by the PHEP grant? | 1.79 |
| <p>*Equipment: Any single item purchased with a useful life greater than one year with a purchase cost of \$5,000 or more.</p> <p>** FTEs are defined below</p> | |
| Budget Narrative/Justification | |
| Personnel Services | |
| Rebecca Estes, Public Health Planner | 0.89 FTE for 1y= \$88,026*0.89= \$78,342.78 |
| Austin Krohn, Public Information Spe | 0.8 FTE for 1y =\$49,338*0.8 \$ 39,470.40 |
| Capability 6: 25%; Capability 7: 25% Capability 13: 25% Capability 14: 25% | |
| Fringe Benefits | |
| Rebecca Estes, Public Health Planner | 30% \$ 23,502.83 |
| Austin Krohn, Public Information Specialist | 30% \$ 11,841.12 |
| Capability 6: 25%; Capability 7: 25% Capability 13: 25% Capability 14: 25% | |
| Equipment | |
| | |
| Supplies | |
| | |
| Other | |
| First watch subscription (\$1,550 total annual cost). Capability 13 PHHS will maintain its subscription to FirstWatch, a tool used for disease surveillance, specifically the prevalence of Joint Communication calls that require dispatch for various scenarios and diseases that are pertinent to PH awareness, throughout the contract period. The Surveillance information is received promptly via email to a number of PHHS staff email. Further information in workplan. | |
| Contractual | |
| | |

****Definition: Full-time equivalent employees equal the number of employees on full-time schedules plus the number of employees on part-time schedules converted to a full-time basis.**

1. How many FTE's are employed by your entire agency?

102

2. Of these FTE's how many are funded only by the PHEP grant?

1.79

**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.

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|-------------------------|-------------------------|-----------------------------------|
| Tracking # 57594 | State: 0% \$0.00 | Federal: 100% \$170,081.00 |
|-------------------------|-------------------------|-----------------------------------|

Contract Title: PUBLIC HEALTH EMERGENCY PREPAREDNESS**Contract Start:** 7/1/2025 **Contract End:** 6/30/2026 **Amend#:** 01 **Contract #:** DH260057594**Vendor Name:** THE CITY OF COLUMBIA**CFDA:** 93.069 **Research and Development:** N**CFDA Name:** PUBLIC HEALTH EMERGENCY PREPAREDNESS**Federal Agency:** DEPARTMENT OF HEALTH AND HUMAN SERVICES / CENTERS FOR DISEASE CONTROL AND PREVENTION**Federal Award:** 5NU90TU000043-02**Federal Award Name:** MISSOURI PHEP COOPERATIVE AGREEMENT**Federal Award Year:** 2025 **DHSS #:** 25PHEP **Federal Obligation:** \$170,081.00

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

Project Description:

To demonstrate measurable and sustainable progress toward achieving public health and healthcare preparedness capabilities and promote prepared and resilient communities.