



**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.

<b>Tracking #</b> 51072	<b>Contract Title:</b> MATERNAL CHILD HEALTH SERVICES	
<b>Contract Start:</b> 10/1/2021	<b>Contract End:</b> 9/30/2025	<b>Questions/Please Contact:</b> PROCUREMENT UNIT @ (573)751-6471
<b>Contract #:</b> DH220051072		<b>Amend #:</b> 04

**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 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 <i>RK</i>	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 #4 TO CONTRACT DH220051072**

**CONTRACT TITLE:** Maternal Child Health Services

**CONTRACT PERIOD:** October 1, 2024 through September 30, 2025

The Department of Health and Senior Services hereby exercises its option to renew the above referenced contract; 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 \$73,124.36 for the period of October 1, 2024 through September 30, 2025.

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

1. Delete Section 2.3 in its entirety and replace with revised Section 2.3 as follows:
  - 2.3 Joint submission of a FFY2022-2026 contract work plan is allowable for this contract. Refer to the Glossary for the MCH Services Contract for a definition on joint submission of a work plan used within the scope of work and guidance for the contract. The glossary is posted here: <https://clphs.health.mo.gov/lphs/mch-services-program/contractresources/pdf/glossary-for-the-mch-services-contract.pdf> and is incorporated by reference as if fully set forth herein.
2. Delete Section 4.1 in its entirety and replace with revised Section 4.1 as follows:
  - 4.1. Refer to the Glossary for the Maternal Child Health (MCH) Services Contract as reference for clarification of terminology used within the scope of work for the contract. The glossary is posted here: <https://clphs.health.mo.gov/lphs/mch-services-program/contractresources/pdf/glossary-for-the-mch-services-contract.pdf>.
3. Delete Section 8.2 in its entirety and replace with revised Section 8.2 as follows:
  - 8.2 The Contractor shall invoice the Department on the Vendor Request for Payment form and the Invoicing Tool worksheet. The Invoicing Tool worksheet will be sent via email to the LPHA. The Vendor Request for payment form (DH-38) can be found here: <https://health.mo.gov/forms/pdf/dh-38.pdf>. The Contractor shall use uniquely identifiable invoice numbers to distinguish an invoice from a previously submitted invoice.

4. Delete Section 15.2.1 in its entirety and replace with revised Section 15.2.1 as follows:

15.2.1 “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. The publicity statement can be found here: <https://clphs.health.mo.gov/lphs/mch-services-program/contractresources/pdf/title-v-mch-contract-publicity-statement-for-lpha-contractors.pdf>.

10. Delete Attachment E in its entirety and replace with revised Attachment E, which is attached hereto and 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 Department of Public Health and Human Services			
Completed By:	Monica Stokes	Date:	8/5/2024
Contact Email:	monica.stokes@como.gov	Phone #:	573 874-7285
FFY2025 Maternal Child Health Services Contract Budget			
Section A			
<b>Total Allowed Contract Amount</b>	60% or more	40% or less	TOTAL
<b>Minimum/Maximum Budget</b>	43,874.62	29,249.74	73,124.36
<b>Planned Budget</b>	73,124.36	0.00	73,124.36
Operational Expenses	66,476.69	0.00	66,476.69
Personnel Services	46,941.00		46,941.00
Fringe Benefits	18,306.99		18,306.99
Travel	0.00		0.00
Supplies	1,228.70		1,228.70
Other			0.00
Equipment			0.00
Rental/Lease Costs			0.00
<b>Total Contractual</b>	0.00	0.00	0.00
Subcontract #1			
Subcontract #2			
Subcontract #3			
Subcontract #4			
Subcontract #5			
<b>Total Direct Costs</b>	<b>66,476.69</b>	<b>0.00</b>	<b>66,476.69</b>
<b>Indirect (Administrative Cost)</b>	<b>10%</b>	<b>6,647.67</b>	<b>0.00</b>
<b>MCH Contract Total</b>	<b>73,124.36</b>	<b>0.00</b>	<b>73,124.36</b>
Surplus/Deficit	0.00	0.00	0.00

**Section B - CALCULATION ONLY. ENTER AMOUNTS IN SECTION A**

Indirect Computation		
Operational Expenses	66,476.69	0.00
Contractual	0.00	0.00
Subcontract #1	0.00	0.00
Subcontract #2	0.00	0.00
Subcontract #3	0.00	0.00
Subcontract #4	0.00	0.00
Subcontract #5	0.00	0.00

**Operational Expenses Before Indirect**

60% or more	40% or less	TOTAL
66,476.69	0.00	66,476.69



# 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>	51072	<b>State:</b> 0%	\$0.00	<b>Federal:</b> 100%	\$290,002.75
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**Contract Title:** MATERNAL CHILD HEALTH SERVICES

**Contract Start:** 10/1/2021      **Contract End:** 9/30/2025      **Amend#:** 04      **Contract #:** DH220051072

**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:** 1B04MC40144-01, 6B04MC40144-01  
**Federal Award Name:** MATERNAL AND CHILD HEALTH SERVICES  
**Federal Award Year:** 2021      **DHSS #:** 21MCH      **Federal Obligation:** \$71,288.42

**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:** 1B04MC45226-01, 6B04MC45226-01  
**Federal Award Name:** MATERNAL AND CHILD HEALTH SERVICES  
**Federal Award Year:** 2022      **DHSS #:** 22MCH      **Federal Obligation:** \$0.00

**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:** 1B04MC47428-01  
**Federal Award Name:** MATERNAL AND CHILD HEALTH SERVICES  
**Federal Award Year:** 2023      **DHSS #:** 23MCH      **Federal Obligation:** \$145,589.97

**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:** 6B04MC52935-01  
**Federal Award Name:** MATERNAL AND CHILD HEALTH SERVICES  
**Federal Award Year:** 2024      **DHSS #:** 24MCH      **Federal Obligation:** \$73,124.36

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

**Project Description:**

The purpose of this contract is to support a leadership role for Local Public Health Agencies (LPHAs) at the local level to: build community-based systems and expand the resources those systems can use to respond to priority maternal child health issues; provide and assure mothers and children access to quality Maternal and Child Health (MCH) services; reduce health disparities for women, infants, and children, including those with special health care needs; promote the health of mothers and infants by assuring prenatal, delivery, and postpartum care for low income, at-risk pregnant women; and promote the health of children by providing preventive and primary care services for low income children.