



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> 50894	<b>Contract Title:</b> TEEN OUTREACH PROGRAM (TOP)	
<b>Contract Start:</b> 10/1/2021	<b>Contract End:</b> 9/30/2024	<b>Questions/Please Contact:</b> PROCUREMENT UNIT @ (573)751-6471
<b>Contract #:</b> DH220050894		<b>Amend #:</b> 02

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

NAME OF ENTITY/INDIVIDUAL (Contractor) CITY OF COLUMBIA	
DOING BUSINESS AS (DBA) NAME ON BEHALF OF COLUMBIA/BOONE COUNTY HEALTH DEPARTMENT	
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>DL</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 #02 TO CONTRACT DH220050894**

**CONTRACT TITLE:** Teen Outreach Program (TOP)

**CONTRACT PERIOD:** October 1, 2023 through September 30, 2024

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 \$37,000.00 for the period of October 1, 2023 through September 30, 2024.

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

1. Add Sections 3.15 through 3.16 in their entirety as follows:
  - 3.15 The Contractor shall recruit and retain qualified public health professionals to assure a workforce that possesses the knowledge, skills and attitudes to meet unique Maternal and Child Health (MCH) population needs.
    - 3.15.1 All Contractor employees, including subcontracted employees, supported with MCH contract funding shall complete designated MCH orientation and initial and ongoing MCH training requirements within required time frames as directed by the Departments Adolescent Health Program Manager.
      - a. Documentation of training completion shall be maintained on file and submitted as part of contract reporting.
  - 3.16 The Contractor shall provide an adolescent advisor, ages eighteen (18) through twenty four (24), to work with the Department's MCH Program.
    - 3.16.1 The adolescent advisor shall have an active role in supporting the program to improve the quality of services and responses for all Missourians.
      - a. Specific deliverables for the adolescent advisor will be provided by the Department's Adolescent Health Coordinator.
2. Delete Attachment D in its entirety and replace with revised Attachment D, which is attached hereto and is incorporated by reference as if fully set forth herein.
3. Delete Attachment G in its entirety and replace with revised Attachment G, 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.

## PROGRAM SUMMARY

<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 2023 - May 2024	Monica/Youth Advisor	Columbia (Boone County)	Jefferson Middle School	12-14	15
MCH	September 2023 - May 2024	Megan/Youth Advisor	Columbia (Boone County)	Rock Bridge High School	15-17	15
MCH	September 2023 - May 2024	Alec/Megan	Columbia (Boone County)	Hickman High School	15-17	15
<b>Totals</b>						<b>45</b>

**BUDGET**

<b>Budget Categories</b>	<b>Justification</b>	<b>Amount</b>
<b>Personnel Costs</b> <i>(hourly wage, salaries, and fringe benefits)</i>	<i>(List personnel; Specify actual hours or percentage spend on evidence-based teen pregnancy prevention program for each position)</i> <ul style="list-style-type: none"> <li>- Two TOP Facilitators (Health Educators) - 13 hours</li> <li>- TOP Coordinator time provided in-kind</li> <li>- Youth Advisor - 8 hours (\$5,000)</li> </ul>	
	<b>Total Personnel Costs</b>	\$31,988
<b>Travel Expenses</b> <i>(mileage, transportation, lodging, meals)</i>	<ul style="list-style-type: none"> <li>- Van rentals for service projects and club events</li> <li>- Mileage reimbursement for facilitators</li> <li>- Travel, lodging and meals for training trips for facilitators</li> </ul>	
	<b>Total Travel Costs</b>	\$1,030
<b>Education Program Costs</b> <i>(curriculum materials, registration/ training fees, background checks, supplies, etc.)</i>	<ul style="list-style-type: none"> <li>- Club supplies (CSL materials, markers, etc)</li> <li>- Lesson materials</li> <li>- Weekly snacks</li> <li>- Service event costs</li> <li>- Shirts/Sweatshirts, bracelets, water bottles</li> <li>- End of the year recognition event</li> </ul>	
	<b>Total Education Program Costs</b>	\$1,073
<b>Other Subcontractoral Costs</b> <i>(Facilitators to implement programs, etc.)</i>		\$0
<b>Subtotal of all Budget Categories Above/Direct Costs</b>		\$34,091
<b>Administrative Costs</b>	<i>(Not to exceed 10% of the direct contract costs <u>billed.</u>)</i>	\$2,909
<b>Total Budget</b>		<b>\$37,000</b>



### 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>	50894	<b>State:</b> 0%	\$0.00	<b>Federal:</b> 100%	\$127,000.00
<b>Contract Title:</b>	TEEN OUTREACH PROGRAM (TOP)				
<b>Contract Start:</b>	10/1/2021	<b>Contract End:</b>	9/30/2024	<b>Amend#:</b>	02
<b>Contract #:</b>	DH220050894				
<b>Vendor Name:</b>	CITY OF COLUMBIA				

<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>	1B04MC45226-01, 6B04MC45226-01
<b>Federal Award Name:</b>	MATERNAL AND CHILD HEALTH SERVICES
<b>Federal Award Year:</b>	2022
<b>DHSS #:</b>	22MCH
<b>Federal Obligation:</b>	\$45,000.00

<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>	1B04MC47428-01
<b>Federal Award Name:</b>	MATERNAL AND CHILD HEALTH SERVICES
<b>Federal Award Year:</b>	2023
<b>DHSS #:</b>	23MCH
<b>Federal Obligation:</b>	\$45,000.00

<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>	2024
<b>DHSS #:</b>	24MCH-FOA
<b>Federal Obligation:</b>	\$37,000.00

\* 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.