



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 condition s; 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 cont ract .

Tracking# 53319	Contract Title: HIV CASE MANAGEMENT	
Contract Start: 4/1/2023	Contract End: 3/31/2025	Questions/Please Contact: PROCUREMENT UNIT@ (573)751-6471
Contract#: DH230053319		Amend#: 01

PLEASE VERIFY /COMPLETE - TYPE OR PRINT - SIGNATURE REQUIRED

NAME OF ENTITY/INDIVIDUAL (Contractor) CITY OF COLUMBIA	
DOING BUSINESS AS (DBA) NAME	
MAILING ADDRESS 701 EAST BROADWAY PO BOX 6015	
CITY , STATE, and ZIP CODE COLUMBIA MO 65205	
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 Decarlon 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 DH230053319

CONTRACT TITLE: HIV Case Management - Local

CONTRACT PERIOD: April 1, 2024 through March 31, 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 \$1,092,726.00 for the period of April 1, 2024 through March 31, 2025.

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



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.

Tracking#	53319	State: 0%	\$0.00	Federal: 100%	\$2,185,452.00
Contract Title:	HIV CASE MANAGEMENT				
Contract Start:	4/1/2023	Contract End:	3/31/2025	Amend#: 01	Contract#: DH230053319
Vendor Name:	CITY OF COLUMBIA				
CFDA: 93.917	Research and Development: N				
CFDA Name:	HIV CARE FORMULA GRANTS				
Federal Agency:	DEPARTMENT OF HEALTH AND HUMAN SERVICES/ HEALTH RESOURCES AND SERVICES ADMINISTRATION				
Federal Award:	*				
Federal Award Name:	*				
Federal Award Year:	*	DHSS #: HRSA-24-033	Federal Obligation:		\$1,092,726.00
CFDA: 93.917	Research and Development: N				
CFDA Name:	HIV CARE FORMULA GRANTS				
Federal Agency:	DEPARTMENT OF HEALTH AND HUMAN SERVICES/ HEALTH RESOURCES AND SERVICES ADMINISTRATION				
Federal Award:	SX07HA00030-33				
Federal Award Name:	RYAN WHITE CARE ACT TITLE II				
Federal Award Year:	2023	DHSS #: HA00030-33	Federal Obligation:		\$1,092,726.00

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

Project Description:

To provide HIV Case Management services for Missouri residents living with human immunodeficiency virus (HIV} and/or acquired immunodeficiency syndrome (AIDS} within the Central HIV region.