

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 # 51723 | Contract Title: LOCAL PUBLIC HEALTH DISPARITIES INITIATIVE | |
| Contract Start: 3/1/2022 | Contract End: 5/31/2024 | Questions/Please Contact: PROCUREMENT UNIT @ (573)751-6471 |
| Contract #: DH220051723 | | Amend #: 01 |

PLEASE VERIFY/COMPLETE - TYPE OR PRINT - SIGNATURE REQUIRED

| | |
|--|-----------------------------------|
| NAME OF ENTITY/INDIVIDUAL (Contractor) INDEPENDENCE CITY HEALTH DEPARTMENT | |
| DOING BUSINESS AS (DBA) NAME | |
| MAILING ADDRESS 111 E MAPLE ST P O BOX 1019 | |
| CITY, STATE, and ZIP CODE INDEPENDENCE MO 64051 | |
| 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 U5W1BFU54PJ3 |
| CONTRACTOR'S AUTHORIZED SIGNATURE | DATE |
| PRINTED NAME | TITLE |
| DEPARTMENT OF HEALTH AND SENIOR SERVICES DIRECTOR OF DIVISION OF ADMINISTRATION OR DESIGNEE SIGNATURE | DATE |

AMENDMENT #01 TO CONTRACT DH220051723

CONTRACT TITLE: Local Public Health Disparities Initiative

CONTRACT PERIOD: March 1, 2022 through May 31, 2024

The Department of Health and Senior Services hereby extends the above referenced contract through May 31, 2024; 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 \$291,500.00 for the period of March 1, 2022 through May 31, 2024.

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

1. Delete Section 1.5 in its entirety and replace with revised Section 1.5 as follows:

1.5 Unless otherwise stated in this contract, the Contractor shall use the below information for any correspondence regarding this contract:

Program Name: Office of Rural Health and Primary Care
Program Contact: Nathan James
Address: 930 Wildwood Dr., Jefferson City, MO 65109
Phone: 573-751-6441
Email: ORHPCinfo@health.mo.gov

2. Add Section 1.6 in its entirety as follows:

1.6 If the Contractor provides any “personal information” as defined in §105.1500, RSMo concerning an entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code of 1986, as amended, the Contractor understands and agrees that it is voluntarily choosing to seek a state contract and providing such information for that purpose. The state will treat such personal information in accord with §105.1500, RSMo.

3. Add Sections 3.8.6 through 3.8.9 in their entirety as follows:

3.8.6 Sixth Quarter (Q6): June 1, 2023 – August 31, 2023
3.8.7 Seventh Quarter (Q7): September 1, 2023 – November 30, 2023
3.8.8 Eighth Quarter (Q8): December 1, 2023 – February 28, 2024
3.8.9 Ninth Quarter (Q9): March 1, 2024 – May 31, 2024

4. Add Sections 5.1.6 through 5.1.9 as follows:

- 5.1.6 Sixth Quarter (Q6): report due September 5, 2023
- 5.1.7 Seventh Quarter (Q7): report due December 5, 2023
- 5.1.8 Eighth Quarter (Q8): report due March 5, 2024
- 5.1.9 Ninth Quarter (Q9): report due June 5, 2024

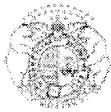
5. Add Sections 7.3.6 through 7.3.9 as follows:

- 7.3.6 Sixth Quarter (Q6): invoice due September 5, 2023
- 7.3.7 Seventh Quarter (Q7): invoice due December 5, 2023
- 7.3.8 Eighth Quarter (Q8): invoice due March 5, 2024
- 7.3.9 Ninth Quarter (Q9): invoice due June 5, 2024

6. Delete Section 14.3.1 in its entirety and replace with revised Section 14.3.1 as follows:

- 14.3.1 This **[project/publication/program/website, etc.] [is/was]** supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$35,569,951 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government. This **[project/publication/program/website, etc.] [is/was]** funded by a portion of the CDC funding from the Department of Health and Senior Service, Office of Rural Health and Primary Care.

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.

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|------------------------|--|----------------------|-----------|----------------------|--------------|
| Tracking # | 51723 | State: 0% | \$0.00 | Federal: 100% | \$291,500.00 |
| Contract Title: | LOCAL PUBLIC HEALTH DISPARITIES INITIATIVE | | | | |
| Contract Start: | 3/1/2022 | Contract End: | 5/31/2024 | Amend#: | 01 |
| Vendor Name: | INDEPENDENCE CITY HEALTH DEPARTMENT | | | | |
| Contract #: | DH220051723 | | | | |

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|----------------------------|---|----------------------------------|-------------|----------------------------|--------------|
| CFDA: | 93.391 | Research and Development: | N | | |
| CFDA Name: | ACTIVITIES TO SUPPORT STATE, TRIBAL, LOCAL AND TERRITORIAL (STLT) HEALTH DEPARTMENT RESPONSE TO PUBLIC HEALTH OR HEALTHCARE CRISES | | | | |
| Federal Agency: | DEPARTMENT OF HEALTH AND HUMAN SERVICES/CENTERS FOR DISEASE CONTROL | | | | |
| Federal Award: | 1NH75OT000027-01, 6NH75OT000027-01 | | | | |
| Federal Award Name: | NATIONAL INITIATIVE TO ADDRESS COVID-19 HEALTH DISPARITIES AMONG POPULATIONS AT HIGH-RISK AND UNDERSERVED, INCLUDING RACIAL AND ETHNIC MINORITY POPULATIONS AND RURAL COMMUNITIES | | | | |
| Federal Award Year: | 2021 | DHSS #: | OT000027-01 | Federal Obligation: | \$291,500.00 |

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

Project Description:

The purpose of this contract is to reduce COVID-19 related disparities, improve and increase COVID-19 testing and contact tracing, and control COVID-19 infection/transmission.



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired and Voice dial: 711



Paula F. Nickelson
Acting Director

Michael L. Parson
Governor

Dear Contractor:

Enclosed is a contract between your organization and the Department of Health and Senior Services that requires you to complete the following steps:

1. Review and sign the front page of the contract;
2. Return the contract to:

Bureau of Procurement Services
Missouri Department of Health and Senior Services
P.O. Box 570
Jefferson City, MO 65102

Also, please forward the enclosed blue page to the appropriate person within your organization. It explains the process for completing the Annual Subrecipient Information Form (ASIF).

Once all signed copies have been returned to our office and the contract is signed by the department, a fully executed copy of the contract will be returned to you. Please contact the Bureau of Procurement Services at (573) 751-6471 or via email at Procurement@health.mo.gov if you have any questions regarding this letter.

Enclosures

PROMOTING HEALTH AND SAFETY

The Missouri Department of Health and Senior Services' vision is optimal health and safety for all Missourians, in all communities, for life.



Missouri Department of Health and Senior Services

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Paula F. Nickelson
Acting Director

Michael L. Parson
Governor

The following information should be directed to your Administrator/Director, primary financial executive, Board President, or authorized representative with knowledge of administrative operations of your organization/entity.

The Missouri Department of Health and Senior Services (DHSS) requires subrecipient contractors/providers to complete the Annual Subrecipient Information Form (ASIF). **Keep in mind the form is completed only once per calendar year for each twelve digit Unique Entity ID (UEI) number.** One submission will cover all contracts with DHSS issued under that specific UEI.

If you have not already done so this calendar year, complete and submit the ASIF within 15 calendar days.

Do NOT Delay You will need a Unique Entity ID (UEI) prior to completing the ASIF if your organization doesn't have one already. Information on the UEI can be found at the link below.

- There is not a "Save" feature. Prolonged periods of inactivity may cause your form to expire and the information will not be submitted.
- **A notice will appear if the form is successfully submitted** and you will have the opportunity to download a copy. This is the only report you will be able to produce. DHSS will not be able to reproduce a report.
- To complete the ASIF or find more information to assist you (including how get a UEI), go to www.health.mo.gov/asif

For questions concerning the ASIF call 573.751.6471 or email ASIF@health.mo.gov.

01/06/2023

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