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.

To the extent that this contract involves the use, in whole or in part, federal funds, the signature of the Contractor's authorized representative on the contract signature page indicates compliance with the Certifications contained in Attachment A which is attached hereto and is incorporated by reference as if fully set forth herein.

Tracking #	**Contract Title:**	
40821	WIC LOCAL AGENCY NUTRITION SERVICES	
Contract Start:	**Contract End:**	**Questions/Please Contact:**
10/1/2014	9/30/2015	PROCUREMENT UNIT @ (573)751-6471
Contract #:		**Amend #:**
ERS04515108		02

PLEASE VERIFY/COMPLETE - TYPE OR PRINT - SIGNATURE REQUIRED

NAME OF ENTITY/INDIVIDUAL (Contractor) JOPLIN CITY HEALTH DEPARTMENT		
DOING BUSINESS AS (DBA) NAME		
MAILING ADDRESS 321 EAST 4TH STREET		
CITY, STATE, and ZIP CODE JOPLIN	MO	64801
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) *****0196		DUNS NUMBER 010649846
CONTRACTOR'S AUTHORIZED SIGNATURE		DATE
PRINTED NAME		TITLE
DEPARTMENT OF HEALTH AND SENIOR SERVICES DIRECTOR OF DIVISION OF ADMINISTRATION OR DESIGNEE SIGNATURE		DATE

AMENDMENT #02 TO CONTRACT ERS04515108

CONTRACT TITLE: **Local Agency Nutrition Services Administration**

CONTRACT PERIOD: **October 1, 2014 through September 30, 2015**

The Department of Health and Senior Services hereby desires to amend the above-referenced contract.

1. Increase funding for Program Enhancement (Special Funding 7).

2. Delete the Budget Page, Attachment C, is its entirety and replace with the revised Attachment C, attached hereto and incorporated by reference as if fully set forth herein.

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

Attachment C

Department of Health and Senior Services
Agency Nutrition Services

BUDGET PAGE

Joplin City Health Department

The contractor shall be reimbursed for each participant provided service at a rate of $13.50 per participant served.

Contract Dollars:

1. WIC Breastfeeding (Special BFPC Funding 1, Attachment D)*	$8,000.00
2. WIC Breastfeeding Peer Counseling (Special BFPC Funding 2, Attachment D)*	$27,528.00
3. Breastfeeding Friendly Incentive (Special Funding 3)*	$23,000.00
4. Program for Dietetic Interns (Special Funding 4, Attachment E)*	$0.00
5. WIC Conference (Special Funding 5)	$ 3,962.00
6. Administrative Services (Special Funding 6)*	$ 0.00
7. Program Enhancement (Special Funding 7)*	$9,689.00

*only for approved LWP's

Item Index - document

Item Type - Pre Signature

Tracking Number :	40821
Document Type :	ADMIN PRE SIGNATURE AMENDMENT
Contract Title :	WIC LOCAL AGENCY NUTRITION SERVICES
Bid Number :	
Vendor Name :	JOPLIN CITY HEALTH DEPARTMENT
Scan Date :	9/14/2015
Batch Number :	547903
Amendment Number :	2
Contract Number :	ERS04515108