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

RECEIVED
SEP 3 0 2024

Paula F. Nickelson
Director

Michael L. Parson
Governor

Dear Contractor:

Enclosed is an agreement 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.
2. Return the agreement to:

Bureau of Procurement Services
Missouri Department of Health and Senior Services
P.O. Box 570
Jefferson City, MO 65102 OR
Email: Procurement@health.mo.gov

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

Once all signed copies have been returned to our office and the contract is signed by the department, a fully executed copy of the agreement 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

Missouri Department of Health and Senior Services
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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.

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 can confirm submission, but will not be able to reproduce the 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.

12/29/2023

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 #	**Contract Title:**	
51095	MATERNAL CHILD HEALTH SERVICES	
Contract Start:	**Contract End:**	**Questions/Please Contact:**
10/1/2021	9/30/2025	PROCUREMENT UNIT @ (573)751-6471
Contract #:		**Amend #:**
DH220051095		05

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)		UEI NUMBER
*********		HRWZCYY8MWJ3
CONTRACTOR'S AUTHORIZED SIGNATURE		DATE
PRINTED NAME		TITLE
DEPARTMENT OF HEALTH AND SENIOR SERVICES DIRECTOR OF DIVISION OF ADMINISTRATION OR DESIGNEE SIGNATURE		DATE

AMENDMENT #05 TO CONTRACT DH220051095

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 $34,890.01 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.

Joplin City Health Department			
Completed By:	Misty Hammer	Date:	8/2/2024
Contact Email:	mhammer@joplinmo.org	Phone #:	417-623-6122 ext 1289

FFY2025 Maternal Child Health Services Contract Budget

Section A

Total Allowed Contract Amount	60% or more	40% or less	TOTAL
Minimum/Maximum Budget	20,934.01	13,956.00	34,890.01
Planned Budget	26,576.00	8,314.01	34,890.01
Operational Expenses	26,576.00	8,314.01	34,890.01
Personnel Services	19,000.00	5,500.00	24,500.00
Fringe Benefits	5,000.00	2,814.01	7,814.01
Travel	576.00	0.00	576.00
Supplies	2,000.00	0.00	2,000.00
Other			0.00
Equipment			0.00
Rental/Lease Costs			0.00
Total Contractual	0.00	0.00	0.00
Subcontract #1			
Subcontract #2			
Subcontract #3			
Subcontract #4			
Subcontract #5			
Total Direct Costs	**26,576.00**	**8,314.01**	**34,890.01**
Indirect (Administrative Cost) 0%	**0.00**	**0.00**	**0.00**
MCH Contract Total	**26,576.00**	**8,314.01**	**34,890.01**
Surplus/Deficit	0.00	0.00	0.00

Section B - CALCULATION ONLY. ENTER AMOUNTS IN SECTION A

Indirect Computation		
Operational Expenses	26,576.00	8,314.01
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
26,576.00	8,314.01	34,890.01

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 #	51095	**State:** 0%	$0.00	**Federal:** 100%	$139,792.03
Contract Title:	MATERNAL CHILD HEALTH SERVICES				
Contract Start:	10/1/2021	**Contract End:** 9/30/2025	**Amend#:** 05	**Contract #:**	DH220051095
Vendor Name:	JOPLIN CITY HEALTH DEPARTMENT				

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:** $32,584.72

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:** $72,317.30

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:** $34,890.01

*** 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 agencys 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 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.