**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**
Director

**Michael L. Parson**
Governor

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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

**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.**

**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 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.

06/ 16 /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:** | |
|---|---|---|
| 51268 | EPIDEMIOLOGY AND LABORATORY CAPACITY (ELC) ENHANCING DETECTION (ED) EXPANSION | |
| **Contract Start:** | **Contract End:** | **Questions/Please Contact:** |
| 7/1/2021 | 7/31/2024 | PROCUREMENT UNIT @ (573)751-6471 |
| **Contract #:** | | **Amend #:** |
| DH220051268 | | 03 |

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

| | | |
|---|---|---|
| NAME OF ENTITY/INDIVIDUAL (Contractor)<br>JOPLIN CITY HEALTH DEPARTMENT | | |
| DOING BUSINESS AS (DBA) NAME | | |
| MAILING ADDRESS<br>321 EAST 4TH STREET | | |
| CITY, STATE, and ZIP CODE<br>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)<br>********* | UEI NUMBER:<br>HRWZCYY8MWJ3 | |
| CONTRACTOR'S AUTHORIZED SIGNATURE | DATE | |
| PRINTED NAME | TITLE | |
| DEPARTMENT OF HEALTH AND SENIOR SERVICES<br>DIRECTOR OF DIVISION OF ADMINISTRATION OR DESIGNEE SIGNATURE | DATE | |

**AMENDMENT #03 TO CONTRACT DH220051268**

**CONTRACT TITLE:** Epidemiology and Laboratory Capacity (ELC) Enhancing Detection (ED) Expansion

**CONTRACT PERIOD:** July 1, 2021 through July 31, 2024

The Department of Health and Senior Services hereby increases 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 $650,060.00 for the period of July 1, 2021 through July 31, 2024.

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

1. Add Section 3.1.6 in its entirety as follows:

   3.1.6 Maintaining and enhancing health information systems and activities to strengthen Communicable Disease response for future outbreaks.

2. Delete Budget Page (Exhibit 1) in its entirety and replace with revised Budget Page (Exhibit 1), 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.

Exhibit 1

## City of Joplin, Health Department

### Contract: Epidemiolgy and Laboratory Capacity (ELC) Enhancing Detection Expansion (EDE)

| | Original budget | Additional funding | New overall contract amount (original + additional) |
|---|---|---|---|
| **Total Allowed Contract Amount** | $ 422,347.00 | $ 227,713.00 | $ 650,060.00 |
| **Operational expenses (included in indirect calculation):** | | | $ - |
| Personnel Services | $ 191,000.00 | | $ 191,000.00 |
| Fringe Benefits | $ 79,071.45 | | $ 79,071.45 |
| Travel | | | $ - |
| Supplies | $ 3,743.55 | $ 2,000.00 | $ 5,743.55 |
| Other - EMR fees | | $ 13,000.00 | $ 13,000.00 |
| Total operational costs (for indirect calculation) | $ 273,815.00 | $ 15,000.00 | $ 288,815.00 |
| Contract #1 | | | $ - |
| Contract #2 | | | $ - |
| Contract #3 | | | $ - |
| Contract #4 | | | $ - |
| Contractual total | $ - | $ - | $ - |
| Total direct costs for indirect calculation | $ 273,815.00 | $ 15,000.00 | $ 288,815.00 |
| Indirect rate (as stated in the contract) | 0.00% | 0.00% | 0.00% |
| Indirect cost (Administrative Cost) | $ - | $ - | $ - |
| **EXCLUDED** in indirect calculation: | | | |
| Equipment | $ 148,532.00 | $ 212,713.00 | $ 361,245.00 |
| Software | | | $ - |
| Renovations | | | $ - |
| Rental/Lease Costs | | | $ - |
| Total additional expenses (excluded in indirect calculation) | $ 148,532.00 | $ 212,713.00 | $ 361,245.00 |
| Contract Total | $ 422,347.00 | $ 227,713.00 | $ 650,060.00 |
| Surplus/Deficit | $ - | $ - | $ - |

## Budget Narrative

**Personnel Services** - include name and salary or hourly rate

The following are hourly rates for temporary staff hired for Covid-19 response: ,

The Following are hourly rates for Regular Full Time Employees: Rayni Teeter Covid Team Lead $20.81 Hour,Suzan Morang Community Health Planner $25.97, Ryan Talken Director $44.73, Misty Hammer Medical Coordinator $29.08, Patrick Boyer Administrative Asst $14.74, Cinsy Stewart Administrative Assistant $16.27, Devin Blankenship Assistant Director $36.06, Tamara Waterman Nurse $24.03, Kit Loveland Nurse $24.03

**Fringe Benefits** - include fringe benefits as either a percentage or hourly rate for personnel listed above

Fringe Benefits may include Health Insurance, Workmans Compensation, FICA, LAGERS, Life Insurance, Dental Insurance, Disability and account for approximately 31% of expense.

**Travel** - include all travel anticipated and include hotel, meals, and mileage according to agency policy or CONUS rate (whichever is lower)

**Supplies** - include all supply purchases including general office supplies, paper, pens, toner cartridges and program supplies, etc.

Exhibit 1

General office supplies to include copy paper, writing utensils, file folders, manilla folders and other general office supplies to support Covid-19 response activities conducted by the health department.

**Other** - include any other expenditures that cannot be classified above and include expense details (quantities, unit price, etc.)

EMR fees - $13,000

**Equipment** means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or $5,000, include items, unit price, and quantity

Purchase of a Mobile Medical Van and upfitting costs to be used for Covid -19 Mitigations purposes $135,000, Purchase of Cyber Security $186,500, Purchase of Orbot Floor machine for sanitizing $3,744; Purchase of Radios for use during Mass COVID events $36,000

**Software** - include monthly or yearly cost

**Renovations** - include brief description, costs, and estimate timefreame

**Rental/Lease** - include monthly or yearly cost and rental/lease period

**Contractual** -include contractor name, period of performance, method of accountability, scope of work, estimated amount

Exhibit 1

**Modified Total Direct Costs (MDTC)** means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first $25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward in excess of $25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

The contractor is entitled to charge their negotiated rate. If you have an approved negotiated rate please contact CLPHSCONTRACTS@health.mo.gov as we will need to modify this document to allow the proper calculation of Indirect Cost. In lieu of using their federally negotiated indirect cost rate or if you do not have an approved federally negotiated rate, the contractor may opt to accept an indirect cost rate up to 10% of the modified total direct costs or the contractor may waive charging indirect costs. The alternative method cannot result in more indirect earnings for the contractor than their negotiated rate If taking less than 10% MTDC for indirect please enter the percent into cell I21.

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 #** | 51268 | **State:** 0% | $0.00 | **Federal:** 100% | $227,713.00 |

**Contract Title:** EPIDEMIOLOGY AND LABORATORY CAPACITY (ELC) ENHANCING DETECTION (ED) EXPANSION

**Contract Start:** 7/1/2021 **Contract End:** 7/31/2024 **Amend#:** 03 **Contract #:** DH220051268

**Vendor Name:** JOPLIN CITY HEALTH DEPARTMENT

**CFDA:** 93.323 **Research and Development:** N

**CFDA Name:** EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)

**Federal Agency:** DEPARTMENT OF HEALTH AND HUMAN SERVICES / CENTERS FOR DISEASE CONTROL AND PREVENTION

**Federal Award:** 6NU50CK000546-02

**Federal Award Name:** CK19-1904 EPIDEMIOLOGY AND LABORATORY CAPACITY FOR PREVENTION AND CONTROL OF EMERGING INFECTIOUS DISEASES (ELC)

**Federal Award Year:** 2020 **DHSS #:** CK000546-02S **Federal Obligation:** $227,713.00

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

**Project Description:**

To assist with local COVID-19 response effforts.