

CONTRACT RENEWAL/MODIFICATION AGREEMENT

Contract Number: 705BJ632554
Renewal Number: 2
Modification Number: 3
Issued By: COMMONWEALTH OF VIRGINIA
Virginia Department of Health
Office of Family Health Services
Division of Child and Family Health
109 Governor Street, 9th Floor
Richmond, Virginia 23219

Contractor: City of Hampton
100 Old Hampton Lane
Hampton, Virginia 23669

Commodity: Maternal, Infant and Early Childhood Home Visiting Program

This Renewal Agreement is entered into pursuant to the renewal section of the contract. The period of performance is hereby renewed from October 1, 2018 through September 29, 2019.

Amount of Renewal: \$406,486.00

Supplemental Agreement is entered into pursuant to the provision of the basic contract.

Description of Modification:

- Increase in budget by \$21,749.00 to hire one part-time Data Entry Clerk and cover cost for a 2% staff salary increase.
- See attached scope of services and budget.

FEDERAL REQUIREMENTS FOR SUB-RECIPIENT CONTRACTS

<input type="checkbox"/>	Contractor is a Vendor	
<input checked="" type="checkbox"/>	Contractor is a Sub-recipient	Information Below Does Apply

FEDERAL AWARD INFORMATION: Sub-recipient of federal awards must be informed of the catalog of Federal Domestic Assistance (CFDA) number, grant name and number, grant year and federal awarding agency. This information will become part of the Contract.

Sub-Award Organization DUNS: 363345997
Federal Award Identification Number: X10MC31176
Federal Award Date: 09/30/2018 - 09-29-2019
Amount of Sub-Award: \$406,486.00
Sub-Award Obligation/Action Date: 10/01/2018 - 09/29/2019 (Cannot exceed 09/29/2019)
Total Amount of Federal Award: \$7,587,164.00
Name of Federal Grantor: HRSA
CFDA Number & Name: 93.870 - Maternal, Infant, & Early Childhood Homevisiting Program
Research & Development: ☐ Yes ☒ No

Except as provided herein, all terms and conditions of Contract Number 705BJ632554, as heretofore changed, remained unchanged and in full force and effect.


CITY OF HAMPTON:	VIRGINIA DEPARTMENT OF HEALTH:
By:	By:
Print or Type Name:	Print or Type Name:
Title:	Title:
Date:	Date:
FIN#:	
DUNS#:	

Please check the box below:

Do you receive more than \$750,000 in federal funds?

☐ Yes

☐ No

CITY OF HAMPTON
OFFICE OF THE CITY ATTORNEY
Approved as to form and legal sufficiency
Date: 9-17-18

City Attorney