CONTRACT RENEWAL/MODIFICATION AGREEMENT

Contract Number: 705BJ632554

Renewal Number: <u>3</u>

Modification Number: <u>5</u>

Issued By: COMMONWEALTH OF VIRGINIA

<u>Virginia Department of Health</u>
<u>Office of Family Health Services</u>
<u>Division of Child and Family Health</u>
<u>109 Governor Street, 9th Floor</u>
Richmond, Virginia 23219

Contractor: <u>City of Hampton</u>

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 September 30, 2019 through September 29, 2020.

Amount of Renewal: \$406,486.00

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

Description of Modification:

- Decrease in renewal amount.
- See attached Scope of Services and Budget

FEDERAL REQUIREMENTS FOR SUBRECIPIENT CONTRACTS

	Contractor is a Vendor	
\boxtimes	Contractor is a Sub-Recipient	Information Below Does Apply

<u>FEDERAL AWARD INFORMATION:</u> 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: X10MC32226

Federal Award Date: $\frac{9/30/2018 - 9/29/2020}{9/30/2018 - 9/29/2020}$

Amount of Sub-Award: \$406,486.00

Sub-Award Obligation/Action Date: 9/30/2019 – 9/29/2020

Total Amount of Federal Award: 7,860,627.00
Name of Federal Grantor: HRSA

CFDA Number & Name: 93.870 – Maternal, Infant and Early Childhood Home Visiting Grant

Program

Research & Development:	No		
Except as provided herein, all terms and conditions or remained unchanged and in full force and effect.	f Contract Number 705BJ632554, as heretofore changed,		
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		