

Tracking #

50858

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

COVID-19 HEALTH CARE AUGMENTATION

3.58.66 PM

Wednesday, November 17, 2021

MO 580-3017 (10-12)

PROGRAM SERVICES CONTRACT

Contract Title:

AM 939"

Page 1 of 1

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.

Contract Start: Contract End:	Questions/Pleas	е Соптаст:	·	•	
8/16/2021 1/31/2022	PROCUREMENT UNIT @ (573)751-6471				
Contract #:	Amend #:		•		
DH220050858	03				
PLEASE VERIF	Y/COMPLETE - TYI	PE OR PRINT - SIGNATURE REQUIRED	-	• ;	
NAME OF ENTITY/INDIVIDUAL (Contractor)					
SLSCO LTD					
DOING BUSINESS AS (DBA) NAME					
			: -		
MAILING ADDRESS	·			· · · · · ·	
PO BOX 17017					
CITY, STATE, and ZIP CODE	 -		•	•	
GALVESTON	TX	77552			
REMIT TO (PAYMENT) ADDRESS (if different from at	oove)				
<i>,</i>			, ,		
CITY, STATE, and ZIP CODE			.,	* ;	
CONTACT PERSON		EMAIL ADDRESS			
PHONE NUMBER		FAX NUMBER	• .		
TAXPAYER ID NUMBER (TIN)		DUNS NUMBER		-	
*****0114			<u> </u>	25 -	
CONTRACTOR'S AUTHORIZED SIGNATURE	· ·	DATE 2	15 25 76		
har	_	11/18/21		_• <u> </u>	
PRINTED NAME	-	TITLE			
William Sulliva	N	TITLE Prosident			
DEPARTMENT OF HEALTH AND SENIOR SERVICES	- 	DATE	•		
DIRECTOR OF DIVISION OF ADMINISTRATION OR DE	SIGNEE SIGNATURE				
Marie en		11-19-2021	•		



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K	al		TITLE Prosident			
PRINTED NAME			TITLE			
65.11	ina Sulliv.	Bal.	President			
DEPARTMENT OF HEA	LTH AND SENIOR SERVICES		DATE			
	N OF ADMINISTRATION OR I	DESIGNEE SIGNATURE				
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Wednesday, November 17, 2021

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MO 580-3017 (10-12)

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