



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.

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.

Tracking # 50858	Contract Title: COVID-19 HEALTH CARE AUGMENTATION	
Contract Start: 8/16/2021	Contract End: 11/30/2021	Questions/Please Contact: PROCUREMENT UNIT @ (573)751-6471
Contract #: DH220050858		Amend #: 01

PLEASE VERIFY/COMPLETE - TYPE 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 above)	
CITY, STATE, and ZIP CODE	
CONTACT PERSON	EMAIL ADDRESS
PHONE NUMBER	FAX NUMBER
TAXPAYER ID NUMBER (TIN) *****0114	DUNS NUMBER
CONTRACTOR'S AUTHORIZED SIGNATURE 	DATE 8/30/21
PRINTED NAME William Sullivan	TITLE President
DEPARTMENT OF HEALTH AND SENIOR SERVICES DIRECTOR OF DIVISION OF ADMINISTRATION OR DESIGNEE SIGNATURE 	DATE 8/30/21



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