

**MODIFICATION #2
OF
CONTRACT NO. PO437580**

The Modification of Contract No. PO437580 made and entered into on March 25, 2024, and revised on March 11, 2025 by and between the City of Columbus, acting through its Board of Health (hereinafter referred to as the BOARD) and Mental Health American of Ohio, (hereinafter referred to as the CONTRACTOR), is made and entered into on September 11, 2025 pursuant to Ordinance No. 2277-2025 authorized by Columbus City Council September 10, 2025.

WITNESSETH:

WHEREAS, the BOARD has a need to revise by increasing the maximum obligation for PO437580; and

NOW, THEREFORE, the parties to this Agreement hereto mutually agree that ARTICLE II, Maximum Obligation is hereby amended as follows:

ARTICLE II. Maximum Obligation

The maximum amount to be paid under any purchase order associated with this Contract shall not exceed \$123,000.00 unless additional funds are appropriated and authorized. As a result of this action the Contract is increased by \$23,000.00.

All other provisions of Contract No. PO437580 between the parties remain in effect except as necessarily modified by this Contract.

CONTRACTOR

Signed by: Tonya S Fulwider 10/9/2025
By: 5A7A3F0553154CE...
Date

Federal I.D. No/UEI. 314412697

THE COLUMBUS BOARD OF HEALTH

DocuSigned by: MWR by Anita Clark 10/9/2025
By: 5634545F488F46E...
Mysheika W. Roberts, M.D., M.P.H. Date
Health Commissioner

DocuSigned by: Deena Chisolm 10/9/2025
By: 7FF2BAC07FF6484...
Board of Health
Deena Chisolm

EXHIBIT A

Scope of Services

I. Purpose of Contract

Columbus Public Health (CPH) One Block At A Time (OBAT) program is a microcommunity intervention aimed at increasing the health and wellness of one block in the Linden area. CPH OBAT requires a fiscal agent for this program due to the nature of interventions, including meeting emergent needs for residents, purchasing and providing items and food for block events, supporting home repairs and physical improvements, gift cards, and other program incidentals. This agreement will outline terms of a partnership with Mental Health America of Ohio (MHAOhio) to provide purchasing of program incidentals.

II. Contract Term

This agreement will become effective on April 1, 2025 through March 31, 2026 and will remain effective until written notice is provided to terminate from either party per contract language.

III. Responsibilities

MHAOhio will provide the following services for funding not to exceed \$123,000. An additional \$23,000 has been authorized by City Council pursuant to Ordinance No. 2277-2025.

- A. Complete purchases for OBAT program interventions, including emergent resident needs, items and food for block events, home repairs and physical improvements, gift cards, and other program incidentals.
 - a. CPH will provide MHAOhio with information on how to complete the purchase in the most efficient manner (ex. Website link for credit card purchase, phone number to complete purchase over the phone, etc.)
 - b. CPH will give MHAOhio sufficient notice when requesting a purchase be completed. There will be situations in which quick turnaround is needed based on resident needs.
 - c. CPH will limit MHAOhio driving to complete purchases as much as possible. On the occasion this does occur, mileage should be taken from the existing administrative fees paid each month.
 - d. The delivery of the purchased items will be through the merchant's shipping and handling. MHAOhio will assist with communication between CPH and Vendor if needing to make a return for an item.
- B. MHAOhio's dedicated contact person for One Block At A Time program will be designated by MHAOhio with all contact details shared accordingly.
- C. MHAOhio will bill CPH for service charges to administer funds on a monthly basis.
 - a. A monthly flat fee of \$500/month will be billed to CPH for a total maximum fee of \$6,000 for the year which will not be refunded for administrative costs.
 - b. After the monthly set fee is collected, the administrative costs will not exceed 7% of the entire amount of the funding depending on what funding was actually used and this reconciliation process will take place at the end of the year.
 - c. Invoices will be emailed to CPH program manager for review and approval.
 - i. All Invoices should be emailed to Daniel Kinney at DWKinney@columbus.gov.
 - d. All Invoices for the previous month should be received by CPH by the 5th of the following month.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/18/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER GAD Insurance, LLC 1349 W Lane Avenue Ste 1000B Columbus OH 43221	CONTACT NAME: Donita Murray PHONE (A/C, No, Ext): (614) 221-1500 FAX (A/C, No): (614) 221-1580 E-MAIL ADDRESS: dmurray@gadinsurance.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Transportation Insurance Company NAIC # 20494	
INSURER B: Old Republic Insurance Company	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL24101130157 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			1030945490	10/28/2024	10/28/2025	EACH OCCURRENCE \$ 2,000,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 2,000,000		
	OTHER:					GENERAL AGGREGATE \$ 4,000,000			
						PRODUCTS - COMP/OP AGG \$ 4,000,000			
						\$			
A	AUTOMOBILE LIABILITY			1030945490	10/28/2024	10/28/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000		
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$		
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$		
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$		
						\$			
						\$			
	UMBRELLA LIAB						EACH OCCURRENCE \$		
	EXCESS LIAB						AGGREGATE \$		
	DED RETENTION \$						\$		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			1030945490	10/28/2024	10/28/2025	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N	N / A				E.L. EACH ACCIDENT \$ 500,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000		
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000		
B	Directors & Officers Insurance Prior Litigation Date: 5/1/2007			ALT12105386	05/01/2024	05/01/2025	Limit of Liability 1,000,000 Retention 5,000		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

This document neither affirmatively nor negatively amends, extends, or alters the terms of or the coverage afforded by policy referenced herein.

Project: One Block at a Time

CERTIFICATE HOLDER Columbus Public Health 240 Parsons Avenue Columbus OH 43215	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--