

## Lexington-Fayette Urban County Government

200 E. Main St Lexington, KY 40507

## **Legislation Text**

File #: 0654-17, Version: 1

A Resolution authorizing and directing the Mayor, on behalf of the Urban County Government, to execute an Amendment to the Agreement with the National Alliance on Mental Illness (NAMI) Lexington, extending the term of the Agreement through July 1, 2018 and providing additional funding in an amount not to exceed \$125,000. [Office of Homelessness Prevention and Intervention, Ruddick]

Authorization to execute an Amendment to the Agreement with NAMI-Lexington (National Alliance on Mental Illness) providing continuation funding for Mental Health Court to extend the term of the Agreement until July 1, 2018 and provide additional funding in an amount not to exceed \$125,000. Funds are Budgeted. (L0654-17) (Ruddick/Hamilton)

Budgetary Implications [select]: Yes

Advance Document Review:

Law: { Select Yes/No, Completed by Melissa Murphy

Risk Management: {Select Yes/No, Completed by [Official, Date]}

Fully Budgeted [select]: Yes

Account Number: 1145-155003-0001-78112

This Fiscal Year Impact: \$125,000

Annual Impact: \$

Project:

Activity:

**Budget Reference:** 

Current Balance: \$133,843.33

BE IT RESOLVED BY THE COUNCIL OF THE LEXINGTON-FAYETTE URBAN COUNTY

GOVERNMENT:

Section 1 - That the Mayor, on behalf of the Lexington-Fayette Urban County Government, be and hereby is authorized and directed to execute the Amendment to the Agreement, which is

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attached hereto and incorporated herein by reference, with the National Alliance on Mental Illness (NAMI) Lexington, extending the term of the Agreement through July 1, 2018.

Section 2 - That an amount, not to exceed the sum of \$125,000, be and hereby is approved for payment to NAMI - Lexington, from account # 1145-155003-78112, pursuant to the terms of the Amended Agreement.

Section 3 - That this Resolution shall become effective on the date of its passage.

PASSED URBAN COUNTY COUNCIL:

**MAYOR** 

CLERK OF URBAN COUNTY COUNCIL

ATTEST: