

**SIGNATURES TO THE THIRD RENEWAL OF THE MOU WITH THE
LEXINGTON FAYETTE COUNTY HEALTH DEPARTMENT
FOR FATS, OIL AND GREASE (FOG) TRAINING TO BE INCLUDED IN THE
HEALTH DEPARTMENT'S FOOD MANAGER CERTIFICATION CLASSES**

ACCEPTED:

Lexington-Fayette County Health Department

DATE: 6/3/15

BY: Rice C. Leach
Rice Leach, Commissioner
Lexington-Fayette County Health Department

DATE: 6/3/15

BY: Roanya Rice
Roanya Rice, Public Health Officer
Lexington-Fayette County Health Department

DATE: _____

BY: Jack Cornett 6.3.15
Jack Cornett, CFO
Lexington-Fayette County Health Department

REVIEWED:

Lexington-Fayette Urban County Government

DATE: 6-11-15

BY: Charles H. Martin
Charles H. Martin, P.E., Director
Division of Water Quality

APPROVED:

Lexington-Fayette Urban County Government

DATE: 7/29/15

BY: Jim Gray
Jim Gray, Mayor

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING, is entered into this 23rd day of March, 2012 between the Lexington Fayette County Health Department ("LFCHD"), and the Lexington-Fayette Urban County Government ("LFUCG") for work being performed by LFCHD for Fats Oils and Grease ("FOG") Training Services to be included in LFCHD's Food Manager Certification classes ("Project").

The parties agree that the Project will include the following responsibilities to be completed by LFCHD and LFUCG respectively:

LFCHD shall be responsible for:

1. Showing the LFUCG FOG video and distributing FOG information to all participants in the LFCHD Food Manager Certification classes.
2. Providing LFUCG's Division of Water Quality with copies of Food Certification Manager Training Agendas that include FOG as a subject matter for the training session.
3. Providing LFUCG with a written and dated roster upon completion of each class showing all persons who viewed the LFUCG FOG video.
4. Notifying LFUCG's Division of Water Quality when additional supplies of printed FOG information should be delivered to LFCHD.

LFUCG shall be responsible for:

1. Providing LFCHD a copy of the current FOG video and any future updates produced by LFUCG.
2. Providing printed FOG information when requested.
3. In consideration, LFUCG will pay LFCHD Twelve Hundred Dollars (\$1,200) for the performance of the Project for the twelve-month period beginning on the date first above written (Responsibilities 1.- 4.).

All coordination and performance of work on the Project, including any volunteer work, to the extent allowed by state statutes and regulations, shall be the sole responsibility of LFCHD. LFUCG shall only be responsible for the work specifically described in and required by this MOU.

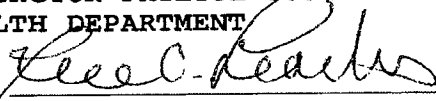
Payment by LFUCG for the performance of the Project will be made when the FOG video and materials are delivered. ~~Upon~~ Mutual agreement, this MOU can be renewed annually up to four times upon the same terms as provided herein.


LFCHD understands and agrees that its employees, agents, or subcontractors are not employees of LFUCG for any purpose whatsoever. LFCHD is an independent contractor at all times during the performance of the work specified herein.

Throughout the time period in which the Project is being completed, LFCHD shall be responsible for any and all claims arising out of the performance of the Project directly related to the work being performed, except LFCHD

shall not be liable for the negligence of LFUCG or its employees, contractors, or agents.

**LEXINGTON FAYETTE COUNTY
HEALTH DEPARTMENT**

By: 
Rice C. Leach
Commissioner of Health

By: 
Roanya Rice, RN, BSN
Public Health Officer

**COMMONWEALTH OF KENTUCKY
COUNTY OF FAYETTE**

The foregoing was signed, acknowledged and sworn to before me this 20th day of March, 2012, by Rice C. Leach in his capacity as Commissioner of Health of the Lexington Fayette County Health Department.

My commission expires: June 30, 2012


NOTARY PUBLIC

**COMMONWEALTH OF KENTUCKY
COUNTY OF FAYETTE**

The foregoing was signed, acknowledged and sworn to before me this 20th day of March, 2012, by Roanya Rice, RN, BSN, in her capacity as Public Health Officer of the Lexington Fayette County Health Department.

My commission expires: June 30, 2012


NOTARY PUBLIC

**LEXINGTON-FAYETTE URBAN
COUNTY GOVERNMENT**

By: _____
Jim Gray, Mayor

**COMMONWEALTH OF KENTUCKY
COUNTY OF FAYETTE**

The foregoing was signed, acknowledged and sworn to before me this _____ day of _____, 2012, by Jim Gray in his capacity as Mayor of the Lexington-Fayette Urban County Government, for and on behalf of said government.

My commission expires: _____

NOTARY PUBLIC