

## Lexington Fayette County Health Department

650 Newtown Pike Lexington, Kentucky 40508-1197 (859) 252-2371 (859) 288-2359 Fax (859) 288-7510 Medical Fax

## **CONTRACT AMENDMENT #1**

DATE: December 9 <sup>th</sup> , 2024	CONTRACT NUMBER: 24-25-PUBLIC-R		
CONTRACTOR NAME AND ADDRESS:	Family Care Center-HANDS PROGRAM Lexington-Fayette Urban Co. Gov. 200 East Main Street Lexington, KY 40507		
It is mutually understood and agreed by and between the undersigned contracting parties to amend the previously executed agreement as follows:			
Section 5: Is changed effective December 9 <sup>th</sup> , 2024 to note the addition of a HANDS state Maternal, Infant, and Early Childhood Home Visiting (MIECHV) FFY25 grant funding made available through the Department for Public Health to reimburse 25% of Family Care Center HANDS staff administrative expenses. Contractor must report administrative expenses to Health Department monthly for reimbursement. Reimbursement will be made from Department for Public Health to Health Department on Contractor's behalf. Upon Health Department's receipt of Contractor reimbursement, Health Department will distribute reimbursement to Contractor. The maximum amount of administrative reimbursement is \$78,000. The project period is 7/1/24 to 6/30/25.			
	CONTRACTOR DATE		
	Dr. Steve Davis INTERIM COMMISSIONER OF HEALTH		

Prevent	Promote	Protect
	Cara Kay CHIEF FINANCIAL OFFI	DATE
	Jessica Cobb COMMUNITY HEALTH C	DATE