

## START-UP STIPEND CHILD CARE PROGRAMS AGREEMENT

THIS AGREEMENT entered by and between the Commonwealth of Kentucky, Cabinet for Health and Family Services, Department for Community Based Services, (hereinafter "Cabinet") and LFUCG - Family Care Center

(hereinafter "Provider") whose principal place of business is located at 1135 Harry Sykes Way, Lexington, KY 40504

WHEREAS, on March 6, 2020, Governor Andy Beshear declared a state of emergency in Kentucky due to the Covid-19 pandemic; and

WHEREAS, the United States Congress passed the Coronavirus Aid, Relief, and Economic Security (CARES) Act (Public Law 116-136), signed into law on March 27, 2020, to provide economic relief to the states and other entities adversely affected by the pandemic; and

WHEREAS, the Commonwealth of Kentucky has received funding under CARES to provide an incentive grant to help child-care providers reopen safely; and

WHEREAS, Provider is an existing licensed childcare center with a capacity of more than 100 children, wishing to reopen, and is experiencing economic difficulties as a result of the pandemic;

NOW THEREFORE, in consideration of the mutual covenants and representations contained herein, the parties agree as follows:

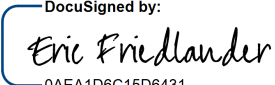
1. The Cabinet shall make a one-time grant to Provider in the amount of \$6000.00 ("Start-Up Stipend")
2. Provider agrees that it may only use the Start-Up Stipend for
  - Cleaning supplies;
  - PPE; and
  - Medical equipment
3. Provider agrees that the payments referenced herein are grants and that it is not entitled to any additional sums.
4. Provider agrees that to indemnify and hold harmless the Cabinet from any claim, demand, or cause of action by any person or entity asserting an interest in or entitlement to the payments made hereunder. This indemnification obligation shall extend to costs, expenses, and attorneys fees expended by the Cabinet in connection with such claims.
5. This Agreement represents the entire understanding of the Parties and the Parties acknowledge that there are no promises, terms, conditions, obligations, or commitments other than those contained herein. This Agreement supersedes all previous or contemporaneous communications, representations, or agreements of the Parties, whether verbal or written. Provider acknowledges that it has not been induced to execute this Agreement by any promise, threat, representation, or other communication from any source which is not expressly stated herein.
6. This Agreement shall be binding upon the Parties, their Affiliates, successors, and assigns.
7. A waiver of any of the terms of this Agreement shall not be valid unless in writing and signed by an authorized representative of the waiving Party.
8. This Agreement may only be modified by a writing signed by authorized representatives of all Parties.

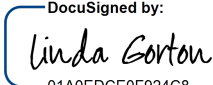
9. This Agreement shall be construed and enforced in accordance with the laws and regulations of the Commonwealth of Kentucky. The Parties agree that the exclusive jurisdiction and venue for any action at law, suit in equity, or other judicial proceeding for the enforcement hereof shall be in the Franklin County Circuit Court, Franklin County, Frankfort, Kentucky. Parties agree that this Agreement shall be construed according to the plain meaning hereof and without resort to any canon of construction interpreting the Agreement against its drafter.
10. There are no third-party beneficiaries, express or implied, to this Agreement.
11. The Parties hereto acknowledge that each of them has read this Agreement, fully understands his, her, or its rights, privileges, and duties under this Agreement, and executes and delivers this Agreement freely and voluntarily. The Parties further acknowledge that each of them has had the opportunity to consult with an attorney to explain the terms of this Agreement and the consequences of signing it.
12. Nothing contained herein shall be construed to waive the inherent sovereign immunity of the Commonwealth of Kentucky.

IN WITNESS HEREOF, the Parties have executed this Agreement.

**Cabinet for Health and Family Services**

**Provider**

By:   
Name: Eric Friedlander  
Title: Secretary  
Date: 6/10/2020 | 11:57 AM EDT

By:   
Name: Linda Gorton  
Title: Mayor  
Date: 6/16/2020 | 1:04 PM EDT  
Mailing Address: 1135 Harry Sykes Way

Lexington, KY 40504

Licensure #: L350165