

## 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 #2**

DATE: September 17, 2025

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 **September 17**, **2025** to note an increase in FY25 HANDS Non-Medicaid Home Visiting Services Grant funding to a new maximum allowable of \$50,000. Contractor must report HANDS Non-Medicaid Home Visiting Service Grant 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 \$50,000. The project period is 7/1/24 to 6/30/25.

CONTRACTOR

1

Dr. Črystal Miller

DATE

COMMISSIONER OF HEALTH

**Prevent** 

Promote

**Protect** 

Cara Kay

CHIEF FINANCIAL OFFICER

Jessica Cobb

DATE

**COMMUNITY HEALTH OFFICER**