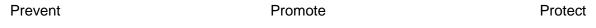


Lexington Fayette County Health Department

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

CONTRACT AMENDMENT #2

DATE: August 27, 2025	CONTRACT NUMBER: 24-25-PL	JBLIC-R
CONTRACTOR NAME AND ADDRESS	: Family Care Center-HAND Lexington-Fayette Urban (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 August 27, 2025 to Home Visiting Services Grant funding to must report HANDS Non-Medicaid Hom Department monthly for reimbursement. Public Health to Health Department on 0 of Contractor reimbursement, Health De The maximum amount of administrative 7/1/24 to 6/30/25.	a new maximum allowable of \$50 e Visiting Service Grant expenses Reimbursement will be made fro Contractor's behalf. Upon Health I partment will distribute reimburser	0,000. Contractor is to Health im Department for Department's receipt ment to Contractor.
	CONTRACTOR	DATE
	Dr. Crystal Miller COMMISSIONER OF HEALTH	DATE



Cara Kay DATE CHIEF FINANCIAL OFFICER

Jessica Cobb DATE COMMUNITY HEALTH OFFICER



PREVENT PROMOTE PROTECT