THIS CONTRACT, between {Enter Name}

(**First Party**)

{Enter Organization Address}

 {Enter Organization City}, KY {Enter Organization Zip}

and {Enter Department Name}

 Health Department

 (**Health Department**)

 {Enter Department Address}

 {Enter Department City}, KY {Enter Department Zip}

The contract between the aforementioned parties is amended as follows:

{Enter Description of Contract Change}

All other terms and conditions of the contract except as modified above are hereby ratified and confirmed. The period within the current fiscal year in which services are to be performed under this amendment is from {Enter Start Date} to {Enter End Date}.

Net Increase in Contract {Enter Dollars} Net Decrease in Contract {Enter Dollars}

Revised Contractual Total {Enter Dollars}

Please signify your acceptance of the above amendment to the contract, by affixing your signatures to the appropriate designation as stated below.

**FIRST PARTY:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ {Enter Date Signed}

(SIGNATURE OF AUTHORIZED AGENT)

{Enter First Party Name}

**HEALTH DEPARTMENT:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ {Enter Date Signed}

(SIGNATURE OF AUTHORIZED AGENT)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(PRINT OR TYPE NAME OF AUTHORIZED AGENT)

{Enter Health Department Name}