Contract Section Number (Lead) **FY** **HID** **MO** **ID**  Third-Party Billing is responsibility of contractor Y/N

THIS CONTRACT, between {Enter Department Name}

Health Department

(**Health Department**)

{Enter Department Address}

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

and {Enter Contractor's Name}

 (**Contractor**)

 {Enter Contractor's Address}

 {Enter Contractor's City}, {Enter Contractor's State} {Enter Zip}

The contract between the aforementioned parties is amended as follows:

 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 Date} to {Enter 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.

HEALTH DEPARTMENT:

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

(SIGNATURE OF AUTHORIZED AGENT)

{Enter Health Department Name}

CONTRACTOR:

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

(SIGNATURE OF AUTHORIZED AGENT)

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

(PRINT OR TYPE NAME OF AUTHORIZED AGENT)

{Enter Vendor Name}