# Amendment No. X

**Memorandum of Understanding**

**Between State Agencies**

**EDS #**

This is an Amendment to the existing Memorandum of Understanding entered into by and between the **Indiana State Department of Health** (hereinafter referred to as ISDH) and the **AGENCY** (hereinafter referred to as XXX) for the period from **MM/DD/YYYY** through **MM/DD/YYYY**, in the amount of $XXX,XXX. In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

**Describe in detail the modifications to the MOU with reference to the provision in the MOU you are modifying. Some examples follow; please include only what is applicable.**

The expiration date of this Memorandum of Understanding is being extended to **MM/DD/YYYY**.

Paragraph III(A) is modified to read as follows:

**(include the language that replaces what was in the original MOU)**

Paragraph III(B) is deleted in its entirety.

Paragraph III(C)(1) is added to read:

**(include the language that you are adding to the MOU)**

All other matters previously agreed to and set forth in the original Memorandum of Understanding and not affected by this Amendment shall remain in full force and effect. The parties having read and understanding the foregoing terms of the Memorandum of Understanding Amendment do by their respective signatures dated below agree to the terms thereof.

**All signatures should appear on the same page**

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| **Accepted By:** |  |  |  |
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| **Certification of Funds:** |  |  | **Recommended and Approved By:** |
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| JOE FISTROVICH |  |  | JAMES HUSTON |
| CHIEF FINANCIAL OFFICER |  |  | CHIEF OF STAFF |
| INDIANA STATE DEPARTMENT OF HEALTH |  |  | INDIANA STATE DEPARTMENT OF HEALTH |
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| Brian E. Bailey |  |  |  |
| Director |  |  |  |
| State Budget Agency |  |  |  |
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| DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
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