

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
NOTICE OF GRANT AWARD AMOUNT & SUMMARY OF PROGRAM OBJECTIVES**

PROGRAM NAME: State Formula (#01)

LOCAL AGENCY NAME: Sedgwick County Health Department

PROGRAM PERIOD: July 1, 2024 - June 30, 2025

AMOUNT THIS PERIOD: \$ 963,403

This document is incorporated by reference into Contract Attachment No. 1. Acceptance of the first payment constitutes Local Agency's agreement to the amount of the grant, the program objectives set out below, and the terms of Contract Attachment No. 1. In addition to the general program provisions and objectives set forth in Contract Attachment No. 1, Local Agency agrees to the following Fiscal Year/Local Agency-specific requirements:

There are no fiscal year or local agency specific program objectives. General program requirements are set out in Contract Attachment No. 1.

June 14, 2024