

**NOTICE OF AMENDMENT TO PROGRAM
ADMINISTRATION CONTRACT**

NOTICE OF AMENDMENT

Name and Address of Second Party: Lexington-Fayette Urban County Government
Division of Community Development
Dbas Lexington Senior Citizen Center
1530 Nicholasville Road
Lexington, KY 40503

Confirming the verbal agreement heretofore made between you and the Bluegrass Area Development District, Inc., the contract being a subcontract under Contract Number **AS-2013-2014** dated **July 1, 2013**, amended January 27, 2014, and in consideration of payments to you made and/or to be made thereunder, is being revised as follows:

Remove original T III Budget and replace with Revised T III Budget dated January 27, 2014 to incorporate "Net Increase" in the amount of \$22,802.00 on the Federal & State Cash Line.

Remove Title III Service Delivery/Budget Back-up and replace with Revised Title III Service Delivery/Budget Back-up dated January 27, 2014.

These funds are to be expended by June 30, 2014. All other terms and conditions of the contract except as modified above are hereby ratified and confirmed.

NET INCREASE Title III-B: \$22,802

NET DECREASE: _____

NET INCREASE Title III C1: \$

NET DECREASE: _____

NET INCREASE Title III C2: \$

NET DECREASE: _____

Please signify your acceptance of the above amendment to subcontract under Contract **AS-2013-2014** by affixing your signature in the space provided below.

WITNESS:

FIRST PARTY: Bluegrass Area Development District, Inc.

David Duttlinger, Executive Director

WITNESS:

SECOND PARTY: Lexington-Fayette Urban Co. Government
Dbas Lexington Senior Citizen Center

Jim Gray, Mayor

KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES

ADMINISTRATION OF AGING BUDGET

NAME & ADDRESS	CONTRACT NUMBER	MARK ONE:	I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS ACCURATE TO THE BEST OF MY KNOWLEDGE.
LFUCG FOR: LEXINGTON SENIOR CITIZENS CENTER 1530 NICHOLASVILLE ROAD LEXINGTON, KY 40503	AS 13-14-2015	<input type="checkbox"/> ORIGINAL BUDGET <input checked="" type="checkbox"/> REVISED BUDGET	SIGNATURE OF EXECUTIVE DIRECTOR _____
	CONTRACT PERIOD 07/01/13 - 06/30/14	DATE SUBMITTED: 1/27/2014	
COST CATEGORY	REPORT PERIOD: 07/01/13 - 06/30/14	TITLE III-C1 CONGREGATE MEALS	TITLE III APPROVED BUDGET
	TITLE III-B SUPPORTIVE SERVICES		
1. PERSONNEL			
2. STAFF TRAVEL			
3. EQUIPMENT			
4. SUPPLIES			
5. CONTRACTS	280,597		280,597
6. CONSULTANTS			
7. RAW FOOD			
8. OTHER			
9. INDIRECT			
10. TOTAL EXPENDITURES	280,597		280,597
APPROVED BUDGET			
% BUDGET EXPENDED			
FUND SOURCE			
		CUMULATIVE STATUS OF FUNDS	
FEDERAL & STATE CASH	106,631		106,631
PROGRAM INCOME	7,400		7,400
LOCAL CASH	166,566		166,566
LOCAL IN-KIND			
TOTAL FUND SOURCES	280,597		280,597

Title III-B Service Delivery/Budget Back-up

Title III-B Services	Unduplicated Clients to Be Served	Units of Service	Unit Cost	Amount Budgeted
Adult Day	0	0	0.00	0
Adult Day Health	0	0	0.00	0
Advocacy	300	400	16.00	6,400
Alzheimer's/ADC Respite	0	0	0.00	0
*Assessment (Access)	0	0	0.00	0
*Case Management (Access)	0	0	0.00	0
*Chore (In-Home)	0	0	0.00	0
Counseling	180	180	26.00	4,680
Education	260	2,800	16.00	44,800
Employment Services	0	0	0.00	0
Escort	0	0	0.00	0
*Friendly Visiting (In-Home)	0	0	8.00	0
Health Promotion	500	5,490	16.00	87,846
*Home Health Aide (In-Home)	0	0	0.00	0
Home Repair	0	0	0.00	0
*Homemaker/Home Mgmt. (In-Home)	0	0	0.00	0
*Personal Care (In-Home)	0	0	0.00	0
*I & A (Access)	200	5,533	20.00	110,662
*Legal Assistance (Legal)	0	0	0.00	0
Ombudsman-Complaints/Info Request 1	0	0	0.00	0
Ombudsman-Presentations 2	0	0	0.00	0
*Outreach (Access)	100	900	20.00	18,000
Recreation	0	0	0.00	0
*Respite (In-Home)	0	0	0.00	0
*Telephone Reassurance (In-Home)	100	209	1.00	209
*Transportation (Access)	55	1,000	8.00	8,000
TOTAL		16,512		280,597
UNDUPLICATED TOTAL	500			

* Access, In-Home, Legal

1 Ombudsman Complaints/Info Request unduplicated would be the estimated number of complaints or information requests.

2 Ombudsman Presentations unduplicated would be the estimated number of presentations.