

EXHIBIT "B"

Lexington/Fayette Urban County Government

Addendum for Services

Bluegrass Area Development District

**Lexington-Fayette Urban County Government
Economic Development Partner Agency Quarterly Report
Fiscal Year 2015**

Economic Development Partner Agency:
Bluegrass Area Development District

Date

Outcome Evaluation

Using the Addendum "A" to the Bluegrass Area Development District's Purchase of Service Agreement, please demonstrate progress towards stated goals and initiatives.

NOTE: If there have been changes to your LFUCG funded program(s) necessitating amendment of your approved outcomes, please contact Kevin Atkins, Chief Development Officer, 859-258-3110 (or email at katkins@lexingtonky.gov) to discuss the proposed amendments.

State Funds

Describe any State Funding BGADD has assisted on/worked with LFUCG in applying for/obtaining during the quarter.
How does this effort compare to FY13 & FY14 at this same point in the fiscal year?

Federal Funds

Describe any Federal Funding BGADD has assisted on/worked with LFUCG in applying for/obtaining during the quarter.
How does this effort compare to FY13 & FY14 at this same point in the fiscal year?

Regional Significance

Describe regional issues BGADD has assisted on/worked and their relevance to LFUCG

Senior Services

Please provide details on the 1) Number of Fayette County residents served under the HOMECARE program during the quarter 2) The type of services provided to the residents 3) What is the percentage of people you are serving who are able to keep living at home 4) How does the Fayette County percentage compare to the percentage in Bluegrass ADD region? **PLEASE ANSWER EACH QUESTION ABOVE AS A SEPARATE BULLET POINT NOTED BY THE NUMBER INDICATED ABOVE**

Kentucky State Auditor Report

Please provide a **specific** update for the recent quarter of efforts to address and correct the issues addressed in the 2014 special audit by the Kentucky State Auditor of Public Accounts. Please also indicate if any new issues have arisen as part of the efforts to address the points in the Auditor's report.

Certification

As the Chief Executive Officer (or equivalent) of this agency, I certify that the information provided in this Quarterly Report is true and complete to the best of my knowledge and belief.

I further agree that funds received from LFUCG will be used for the purposes for which they were requested and approved, and that the agency will comply with the requirements set forth in the application and the approved Purchase of Service Agreement and Addendum.

Printed Name

Signature

Title

Date

THIS REPORT AND REQUIRED ATTACHMENT(S) ARE DUE BY:

1ST QUARTER:
OCTOBER 14, 2014

2ND QUARTER:
JANUARY 14, 2015

3RD QUARTER:
APRIL 14, 2015

4TH QUARTER:
JULY 14, 2015

**THIS REPORT SHOULD BE COMPLETED AND SUBMITTED ALONG WITH QUARTERLY
FUNDING REQUEST INVOICE
ELECTRONICALLY TO:**

KEVIN ATKINS
CHIEF DEVELOPMENT OFFICER
KATKINS@LEXINGTONKY.GOV