

**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
Db a 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-2012-2013** dated **July 1, 2012**, amended March 22, 2013 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 March 22, 2013 to incorporate "Net Increase" in the amount of \$5,256.00 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 March 22, 2013.

These funds are to be expended by June 30, 2013. All other terms and conditions of the contract except as modified above are hereby ratified and confirmed.

| | |
|--|---------------------|
| NET INCREASE Title III-B: <u>\$5,256</u> | 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-2012-2013** by affixing your signature in the space provided below.

WITNESS:

FIRST PARTY: Bluegrass Area Development District, Inc.

Lenny Stoltz II, Executive Director

WITNESS:

SECOND PARTY: Lexington-Fayette Urban Co. Government
Db a 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 12-13-2015 CONTRACT PERIOD 07/01/12 - 06/30/13 REPORT PERIOD: 07/01/12 - 06/30/13 | <input type="checkbox"/> ORIGINAL BUDGET <input checked="" type="checkbox"/> REVISED BUDGET DATE SUBMITTED: 3/22/2013 | SIGNATURE OF EXECUTIVE DIRECTOR |
| COST CATEGORY | TITLE III-B SUPPORTIVE SERVICES | TITLE III-C1 CONGREGATE MEALS | TITLE III APPROVED BUDGET |
| 1. PERSONNEL | | | |
| 2. STAFF TRAVEL | | | |
| 3. EQUIPMENT | | | |
| 4. SUPPLIES | | | |
| 5. CONTRACTS | 255,903 | | 255,903 |
| 6. CONSULTANTS | | | |
| 7. RAW FOOD | | | |
| 8. OTHER | | | |
| 9. INDIRECT | | | |
| 10. TOTAL EXPENDITURES | 255,903 | | 255,903 |
| APPROVED BUDGET | | | |
| % BUDGET EXPENDED | | | |
| FUND SOURCE | | | |
| | | CUMULATIVE STATUS OF FUNDS | |
| FEDERAL & STATE CASH | 88,357 | | 88,357 |
| PROGRAM INCOME | 7,400 | | 7,400 |
| LOCAL CASH | 160,146 | | 160,146 |
| LOCAL IN-KIND | | | |
| TOTAL FUND SOURCES | 255,903 | | 255,903 |

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 | 140 | 1,360 | 16.00 | 21,760 |
| 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 | 80 | 800 | 26.00 | 20,800 |
| Education | 135 | 835 | 16.00 | 13,360 |
| Employment Services | 0 | 0 | 0.00 | 0 |
| Escort | 0 | 0 | 0.00 | 0 |
| *Friendly Visiting (In-Home) | 140 | 850 | 8.00 | 6,800 |
| Health Promotion | 250 | 1,335 | 16.00 | 21,360 |
| *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) | 2,600 | 4,183 | 20.00 | 83,656 |
| *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) | 80 | 1,500 | 20.00 | 30,000 |
| Recreation | 0 | 0 | 0.00 | 0 |
| *Respite (In-Home) | 0 | 0 | 0.00 | 0 |
| *Telephone Reassurance (In-Home) | 4,898 | 10,167 | 1.00 | 10,167 |
| *Transportation (Access) | 240 | 6,000 | 8.00 | 48,000 |
| TOTAL | | 27,030 | | 255,903 |
| UNDUPLICATED TOTAL | 1,899 | | | |

* 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.