

Bluegrass Area Agency on Aging
Bluegrass Area Development District, Inc.

Subcontract Under: AS-2017-2018
Date: May 9, 2018
Amendment: #3

**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
Dba Lexington Senior Citizen Center
195 Life Lane
Lexington, KY 40502

Confirming the verbal agreement heretofore made between you and the Bluegrass Area Development District, Inc., the contract being a subcontract under Contract Number AS-2017-2018 dated July 1, 2017, amended September 11, 2017, and in consideration of payments to you made and/or to be made thereunder, is being revised as follows:

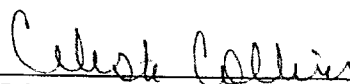
Remove original Title III-D Budget dated July 1, 2017 and replace with Revised Title III-D Budget dated May 9, 2018 to incorporate net changes in funding and line item adjustments.

All other terms and conditions of the contract except as modified above are hereby ratified and confirmed.

Please signify your acceptance of the above amendment to subcontract under Contract AS-2017-2018 by affixing your signature in the space provided below.

WITNESS:

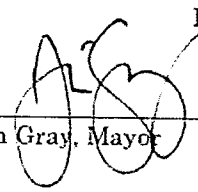
FIRST PARTY: Bluegrass Area Development District, Inc.



Celeste Collins, Aging Director

WITNESS:

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



Jim Gray, Mayor

JUN 18 2018

DEPARTMENT FOR AGING AND INDEPENDENT LIVING
TITLE III-D BUDGET

NAME & ADDRESS		CONTRACT PERIOD		MARK ONE		I certify that the information contained herein is accurate to the best of my knowledge.
Empire State Health Services 395 Life Lane Southold, NY 11968 631 778 6072		07/01/17 - 06/30/18 REPORT PERIOD 07/01/17 - 06/30/18		<input type="checkbox"/> Original Budget <input checked="" type="checkbox"/> Revised Budget <input type="checkbox"/> Monthly Financial <input type="checkbox"/> Audited Financial Report DATE SUBMITTED: 5-30-2018		
SIGNATURE OF INCLUDE DIRECTOR						

Cost Category	Federal	State	Local	Federal	State	Local	Program	Amount
Unduplicated Clients	Units	Unit Cost	Federal	Unexpended	Income	Cash	Income	Budgeted
Personnel								0.00
Travel								0.00
Supplies								0.00
Equipment								0.00
Other Operating								0.00
Contracts	4,100.00	0.00	0.00	0.00	0.00	4,100.00		0.00
Indirect								0.00
Total	4,100.00	0.00	0.00	0.00	0.00	4,100.00		0.00
Information (Counseling, Education, and Information)								
Case Managers								0.00
Active Living E-day								0.00
Art Foundation Ex								0.00
Art Self-Mg								0.00
Autosize								0.00
CDSP								0.00
Pain Self-Mg								0.00
Diabetes Prevention Prog								0.00
CSMP								0.00
San-Aster Move Mgmt								0.00
Falls Talk								0.00
Pain Scrape								0.00
Freedom From Smoking								0.00
Healing in Eating - 3L								0.00
Healthy Heart								0.00
In Tim Personal Health								0.00
Matter of Balance								0.00
Silver Smokers								0.00
Stanford Active Choices								0.00
Keeping On								0.00
San Officer Ambulas	433	1.48	1901					3,901.00
WALK								0.00
WALK w/Spice Group								0.00
WALK w/Spice Group								0.00
WALK								0.00
Total	127	1.55	4,100.00	0.00	0.00	0.00	0.00	4,100.00