

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

Subcontract Under: AS-2013-2014  
Date: March 24, 2014  
Amendment: #2

**NOTICE OF AMENDMENT TO PROGRAM  
ADMINISTRATION CONTRACT**

Contract # 49-2014

**NOTICE OF AMENDMENT**

**Name and Address of Second Party:** Lexington-Fayette Urban County Government  
Division of Community Development  
Dba 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 March 24, 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 March 24, 2014 to incorporate line item revisions to bring the budget in line with actual reporting. Reporting must be within 10% of the budget, as per the Department for Aging and Independent Living.

Remove Title III Service Delivery/Budget Back-up and replace with Revised Title III Service Delivery/Budget Back-up dated March 24, 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: \$ \_\_\_\_\_

NET DECREASE: \_\_\_\_\_

NET INCREASE Title III C1: \$ \_\_\_\_\_

NET DECREASE: \_\_\_\_\_

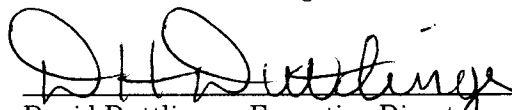
NET INCREASE Title III C2: \$ \_\_\_\_\_

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.

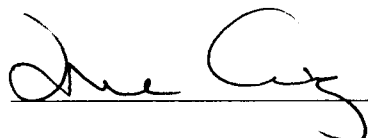
**WITNESS:**

**FIRST PARTY:** Bluegrass Area Development District, Inc.

  
David Duttlinger, Executive Director

**WITNESS:**

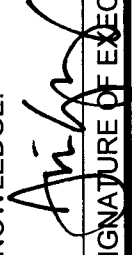
**SECOND PARTY:** Lexington-Fayette Urban Co. Government  
Dba Lexington Senior Citizen Center



  
Jim Gray, Mayor

# KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES

## ADMINISTRATION OF AGING BUDGET

<b>NAME &amp; ADDRESS</b> LFUCG FOR: LEXINGTON SENIOR CITIZENS CENTER 1530 NICHOLASVILLE ROAD LEXINGTON, KY 40503	<b>CONTRACT NUMBER</b> AS 13-14-2015  <b>CONTRACT PERIOD</b> 07/01/13 - 06/30/14  <b>REPORT PERIOD:</b> 07/01/13 - 06/30/14	<b>MARK ONE:</b> <input type="checkbox"/> ORIGINAL BUDGET <input checked="" type="checkbox"/> REVISED BUDGET  <b>DATE SUBMITTED:</b> 3/24/2014	I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS ACCURATE TO THE BEST OF MY KNOWLEDGE.  SIGNATURE OF EXECUTIVE DIRECTOR
<b>COST CATEGORY</b>	<b>TITLE III-B SUPPORTIVE SERVICES</b>	<b>TITLE III-C1 CONGREGATE MEALS</b>	<b>TITLE III-C2 HOME DEL. MEALS</b>  <b>TITLE III APPROVED BUDGET</b>
1. PERSONNEL			
2. STAFF TRAVEL			
3. EQUIPMENT			
4. SUPPLIES			
5. CONTRACTS	511,206		511,206
6. CONSULTANTS			
7. RAW FOOD			
8. OTHER			
9. INDIRECT			
10. TOTAL EXPENDITURES	511,206		511,206
APPROVED BUDGET			
% BUDGET EXPENDED			
<b>CUMULATIVE STATUS OF FUNDS</b>			
FUND SOURCE			
FEDERAL & STATE CASH	106,631		106,631
PROGRAM INCOME	7,400		7,400
LOCAL CASH	397,175		397,175
LOCAL IN-KIND			
TOTAL FUND SOURCES	511,206		511,206

**Title III-B Service Delivery/Budget Back-up**

<b>Title III-B Services</b>	<b>Unduplicated Clients to Be Served</b>	<b>Units of Service</b>	<b>Unit Cost</b>	<b>Amount Budgeted</b>
Adult Day	0	0	0.00	0
Adult Day Health	0	0	0.00	0
Advocacy	247	329	16.00	5,256
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	384	26.00	9,984
Education	315	4,161	16.00	66,576
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	8,373	16.00	133,968
*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	11,097	20.00	221,940
*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	3,110	20.00	62,190
Recreation	0	0	0.00	0
*Respite (In-Home)	0	0	0.00	0
*Telephone Reassurance (In-Home)	129	456	1.00	456
*Transportation (Access)	55	1,355	8.00	10,836
<b>TOTAL</b>		<b>29,264</b>		<b>511,206</b>
<b>UNDUPLICATED TOTAL</b>	<b>836</b>			

\* 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.